

# **THE HEALTH OF BLACKPOOL**

**1963**



COUNTY BOROUGH OF BLACKPOOL



Annual Report  
OF THE  
MEDICAL OFFICER OF HEALTH  
FOR THE YEAR  
1963

BY

*David W. Wauchob*

M.B., B.Ch., D.P.H.

MEDICAL OFFICER OF HEALTH AND  
PRINCIPAL SCHOOL MEDICAL OFFICER

## **COUNTY BOROUGH OF BLACKPOOL HEALTH COMMITTEE**

(As constituted 31st December, 1963).

THE WORSHIPFUL THE MAYOR, ALDERMAN J. H. SMYTHE, M.A., J.P.

Council Members on the nomination of the General Purposes Committee:

Chairman:

Alderman J. H. HESSEY, J.P.

Vice-Chairman:

Councillor A. E. WALTON.

Coun. T. BOX.

Coun. J. J. HARRISON.

Coun. K. MASSEY, J.P.

Coun. C. NUTTALL, J.P., F.

Coun. A. E. POGSON.

Coun. Mrs. J. ROBINSON,

2 Council Members on nomination of Education Committee:

Coun. A. SAGAR.

Coun. Mrs. M. RILEY, J.P.

2 Non-Council Members on nomination of Blackpool and Fylde Division of B.M.A.:

R. E. N. TATTERSALL,  
M.R.C.S., L.R.C.P.

C. S. PHILIP, M.B., Ch.B.

2 Non-Council Members on nomination of Blackpool Executive Council:

Mr. J. HULMES.

Mr. P. VARLEY, M.P.S.

4 Non-Council Members (Women) on nomination of Corporate Members:

Miss A. M. HAWORTH.

Mrs. H. ROBINSON.

Mrs. R. REVELL.

Mrs. A. SHUTTLEWORTH.

1 Non-Council Member on nomination of Local Dental Committee:

Vacant.

2 Non-Council Members on nomination of Blackpool and Fylde Hospital Management Committee:

Mr. R. SPENCER.

Mr. J. FORD.

## **RELATED HEALTH SERVICES COMMITTEE**

THE WORSHIPFUL THE MAYOR, ALDERMAN J. H. SMYTHE, M.A., J.P.

Chairman:

Councillor H. W. BARNES, J.P.

Vice-Chairman:

Councillor A. E. STUART, J.P.

Coun. E. BIBBY.

Coun. T. BOX.

Coun. H. COCKETT.

Coun. C. CRITCHLOW.

Coun. L. GREENWOOD.

Coun. E. HARWOOD.

Coun. A. E. POGSON.

Coun. Mrs. M. RILEY, J.P.

Coun. J. STANHOPE.

Coun. W. TURNER.

Coun. J. WALSH.

## PUBLIC HEALTH OFFICERS OF THE LOCAL HEALTH AUTHORITY

(As at 31st December, 1963)

Medical Officer of Health and Principal School Medical Officer:

DAVID W. WAUCHOB, M.B., B.Ch., B.A.O., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:

HERBERT JAMES, L.R.C.P., L.R.C.S. (Edinburgh), L.R.F.P.S. (Glasgow), D.P.H.

First Assistant School Medical Officer:

MARY B. FALLOWFIELD JOEL, M.B., Ch.B.

(Resigned 31.12.63)

Assistant Medical Officers and School Medical Officers:

MARIE-JOYCE RIBCHESTER, L.R.C.P. & S. (Edinburgh), L.R.F.P. & S. (Glasgow).

IVOR JAMES COPE, M.R.C.S., L.R.C.P. (London).

PHILIP W. LANG, L.R.C.P., L.R.C.S. (Edinburgh), L.R.F.P. & S. (Glasgow).

ANNE E. C. JEWSEBURY, M.B., Ch.B., D.R.C.O.G.

Principal School Dental Officer:

MARSHALL SMITH, L.D.S., R.C.S. (Eng.).

Consultant Dental Surgeon (Part-time):

H. ACKERS, M.B., F.D.S., R.C.S.E., R.F.C.S.

Dental Officers:

R. MARTYN, L.D.S. (Liverpool).

H. MARSHALL, L.D.S.

Mrs. J. HOPKINSON, L.D.S. (Manchester), (Part-time).

Mrs. D. A. J. H. ABBOTT, L.D.S., R.S.F.P.S.(G.), (Part-time).

### ADMINISTRATIVE STAFF

Chief Administrative Assistant:

JOHN A. BENTLEY, D.P.A.

Administrative Assistant:

R. PRYAR, A.C.C.S.

Section Chief Clerk (Clinics):

R. DOWLING.

Section Senior Clerks:

J. A. BRIERLEY.

J. RICHARDSON.

F. CURWEN.

Section Senior Clerk (Clinics):

Miss K. HULLAH.

Clerical Assistant:

Miss N. BROWN.

Secretary to Medical Officer of Health:

Miss I. WILKINSON.

Male Clerks:

B. WILKINSON.

J. COOKSON.

J. WILDE.

Female Clerks:

Miss M. TOPPING.

Miss E. B. ROBINSON.

Miss M. BRAIN.

Miss J. ROBINSON.

Miss M. BROMLEY.

Miss M. E. STONE.

Miss S. A. CHEERS.

Mrs. B. SWIFT.

Miss B. JACKSON.

Miss E. WHALLEY.

Mrs. B. MARTIN.

Shorthand Typists:

Miss M. DEARDEN.

Mrs. M. WILKS.

Miss A. DUGDALE.

Telephonist:

Mrs. E. M. REID.

## HOME NURSING AND MIDWIFERY:

Non-Medical Supervisor of Midwives and  
Superintendent Nursing Officer:

Miss W. BARLOW, S.R.N., R.F.N., S.C.M., H.V.  
Q.I.D.N.

Midwives:

Mrs. V. E. AINSWORTH, S.C.M., S.R.N.  
Mrs. E. BOULTON, S.C.M., S.E.A.N.  
Mrs. E. CURD, S.C.M., S.E.N.  
Miss I. DUXBURY, S.C.M., S.R.N., Q.I.D.N.  
Miss D. M. KEIGHLEY, S.C.M., S.R.N.  
Mrs. S. MARQUIS, S.C.M., S.R.N.  
Mrs. S. M. WRIGHT, S.C.M.

District Nurses:

Mrs. P. E. ADAMS, S.R.N.  
Mrs. D. BENNETT, S.R.N., Q.I.D.N.  
Mrs. A. V. BRADSHAW, S.R.N.  
Mrs. S. E. COOPER, S.R.N., Q.I.D.N.  
Mrs. E. CROOK, S.R.N.  
Mrs. J. DALE, S.R.N.  
Mrs. I. DEWHURST, S.R.N., Q.I.D.N.  
Mrs. C. DOBSON, S.R.N., R.F.N., Q.I.D.N.  
Mrs. H. F. EARNSHAW, S.R.N.  
Mrs. R. ELLIOTT, S.R.N.  
Mrs. D. C. FOSTER, S.R.N.  
Mrs. I. HIGGINS, S.R.N., S.C.M.  
Mrs. G. HINDLE, S.R.N.  
Mrs. M. HOLDSWORTH, S.R.N., S.C.M.  
Q.I.D.N.  
Mrs. KITCHEN, S.R.N., R.F.N.  
Mrs. M. McROY, S.R.N., R.F.N., Q.I.D.N.  
Mrs. N. ROE, S.R.N., Q.I.D.N.  
Mrs. L. M. ROBINSON, S.R.N.  
Miss M. ROSSALL, S.R.N., S.C.M., R.F.N.  
Q.I.D.N., M.T.D.  
Miss A. SCOTT, S.R.N., S.C.M., R.F.N. (Part  
time).  
Mrs. D. SHAW, S.R.N., Q.I.D.N. (Part-time)  
Mrs. C. SIXSMITH, S.R.N.  
Mrs. J. SLACK, S.R.N.  
Mrs. J. Warburton, S.R.N.  
Miss D. WEBSTER, S.R.N.  
Mrs. M. WHITWORTH, S.R.N.

Male District Nurses:

Mr. C. E. HARRIS, S.R.N.  
Mr. J. H. RENNIE, S.R.N., Q.I.D.N.  
Mr. G. S. ROLLINSON, S.R.N.

## HEALTH VISITING

Superintendent Health Visitor/  
School Nurse:

Miss C. R. RYAN, S.R.N., S.C.M., H.V., Nursing Admin  
(P.H.) Cert.

Health Visitors/School Nurses:

Mrs. A. BRINING, S.R.N., S.C.M., H.V., Q.N.  
Mrs. H. P. BROWN, S.R.N., H.V.  
Mrs. E. M. BUTLER, S.R.N., S.C.M., H.V.  
Miss R. E. GILES, S.R.N., S.C.M., H.V.  
Miss O. D. HANSON, S.R.N., S.C.M., H.V.  
Miss C. HARDMAN, S.R.N., S.C.M., H.V.  
Miss D. HARRISON, S.R.N., S.C.M., H.V.  
Mrs. M. HARRAP, S.R.N., M.S.S.Ch., H.V.  
Miss A. R. HICKSON, S.R.N., S.C.M.  
Miss A. E. MANSFIELD, S.R.N., S.C.M., H.V.  
Mrs. B. MARSDEN, S.R.N., S.C.M., H.V., S.I.



Miss S. MORRIS, S.R.N., S.C.M., H.V.  
 Mrs. M. MOULDING, S.R.N., S.C.M., H.V.  
 Miss M. PARTINGTON, S.R.N., S.C.M., S.R.F.N.  
 Miss M. RYDER, S.R.N., S.R.F.N., S.C.M., H.V.  
 Miss D. SALISBURY, S.R.N., S.C.M., H.V.  
 Miss M. SAUNDERS, S.R.N., H.V., Nursing Admin.  
 P.H.) Cert.  
 Miss L. M. TAYLOR, S.R.N., S.C.M., H.V.  
 Mrs. M. THOMPSON, S.R.N., S.C.M., H.V.  
 Miss P. WROE, S.R.N., S.C.M., R.S.C.N., H.V.  
 Mrs. M. C. JOHNSTONE, S.R.N., S.C.M., H.V., (Part-  
 time).  
 Student Health Visitor: Miss J. N. PARSONAGE, S.R.N.  
 Clinic Nurses:  
 Mrs. A. DANIA, S.R.N.  
 Mrs. N. DAVIES, S.R.N., S.C.M.  
 Mrs. J. M. FITZGERALD-LEE, S.R.N.  
 Mrs. M. HATTON, S.R.N.  
 Mrs. M. E. PARKER, S.R.N.

### PUBLIC HEALTH INSPECTORS

Chief Public Health Inspector: JOHN PICKARD, M.R.S.H., M.A.P.H.I., (a), (b), (d).  
 Deputy Chief Pub. Health Inspector: A. DANIEL, M.A.P.H.I., (a), (b), (c).  
 Chief Meat and Food Inspector: T. W. LOMAX, (a), (b).  
 Specialist Meat Inspector: D. BENNETT, M.A.P.H.I., (a), (b).  
 Specialist Smoke Inspector: L. MOORHOUSE, M.A.P.H.I., (a), (b), (c), (d).  
 District Public Health Inspectors:  
 E. SMITH, (a).  
 W. MOISTER (a), (b).  
 E. W. BURROWS, (a), (b).  
 J. PARKINSON, (a), (b).  
 L. W. ORMROD, M.R.S.H., M.A.P.H.I., (a), (b).  
 J. GIBSON, M.R.S.H., A.I.P.H.E., M.A.P.H.I., (a), (b),  
 (d).  
 J. L. ROSCOE, M.B.E., M.R.S.H., M.A.P.H.I., (a), (b).  
 E. L. COBB, (a), (b).  
 I. S. MILLER, (a).  
 R. HEBDEN, (a).  
 Pupil Public Health Inspectors:  
 D. W. MOISTER.  
 P. J. B. SPENCER.  
 H. W. EVANS.  
 Pestologist: B. A. BLACKWELL.

### PUBLIC ABATTOIRS

Abattoirs Superintendent: W. RILEY, (a), (b).

### MENTAL HEALTH SERVICE

Mental Welfare Officers: T. DOUGLAS, B.Sc. (Econ.)  
 Mrs. M. AITKEN.  
 E. HAMBLETON.  
 E. BOUND.  
 H. T. SPEED.  
 Trainee Mental Welfare Officer: Miss A. ASHTON.  
 Junior Training Centre—  
 Supervisor: Mrs. L. C. M. A. PRYAR, Dip. N.A.M.H.

Assistants:

Miss P. THOMPSON, Dip. N.A.M.H.  
Mrs. M. WILBRAHAM.  
Mrs. R. IRVINE.  
Miss R. M. SIMMS.  
H. J. DODD.

Handicraft Instructor:

Belmont House (Mental Health Hostel)—

Resident Warden:

Mr. C. WOOLLEY.

Resident Manageress:

Mrs. D. WOOLLEY.

Resident Deputy Warden:

Mr. W. WREN.

Resident Assistant Manageress:

Mrs. D. INGHAM.

### HOME HELP SERVICE

Supervisor:

Mrs. I. PARTINGTON.

Assistant Supervisor:

Miss B. WADE.

### LIGHT TREATMENT

Physiotherapists:

Miss S. J. CARROLL, M.C.S.P.  
Mrs. W. SHORE, M.C.S.P. (Part-time).  
Mrs. M. M. NOBLETT, M.C.S.P. (Part-time).

### CHIROPODY

Chiropodists:

Mr. T. CATTON, M.Ch.S.  
Mrs. S. M. HOLMES, M.F.S.Ch., A.Ch.,  
M.E.S.Ch. (Part-time).  
Mr. K. MURGATROYD, M.Ch.S.,  
M.R.I.P.H.H. (Part-time).  
Mrs. J. MURRAY, M.Ch.S. (Part-time).  
Miss J. HALSTEAD, M.Ch.S. (Part-time).

### DAY NURSERY

Matron:

Mrs. N. K. OLIVER, N.N.E.B.

Nursery Nurse:

Miss N. ATKINSON.

Assistant:

Miss W. GREEN.

### AMBULANCE SERVICE

Ambulance Officer:

F. DIXON.

### DENTAL SERVICE

Dental Attendants:

Miss C. BANKS.  
Miss K. BRUCE.  
Miss S. V. SILVER.  
Mrs. W. WOOD (Part-time).  
Mrs. E. WHITE (Part-time).

### PUBLIC ANALYST

Public Analyst:

Mr. J. G. SHERRATT, B.Sc., F.R.I.C.

Deputy Public Analyst:

Mr. R. SINAR, B.Pharm., B.Sc., F.P.S.,  
F.R.I.C.

- (a) Cert. of R.S.H. and Public Health Inspectors Education Board.
- (b) Cert. of R.S.H. for Inspection of Meat and Other Foods.
- (c) Cert. of R.S.H. for Smoke Inspection.
- (d) Cert. of Sanitary Science.



To the Chairmen and Members of the Health and Related Health Services Committees.

Ladies and Gentlemen,

The Annual Report of the Medical Officer of Health required by the Public Health Officers Regulation 1959 is not only an account of the efforts made by the community to meet the problems of health and disease in contemporary society but also evidence of the conscientious and loyal work of the staff of the Health Department during the year.

The work of the Department continued with increasing intensity throughout the year. As the services increased and expanded so inevitably did the demands placed on them by the Public. A considerable amount of voluntary overtime was worked by many members of the staff and although no official record can be shown it is a pleasure to be able to record this appreciation to those concerned.

In critically examining our programme during the past year, and in attempting to assess the services that will be required, the Plan prepared by each local authority is extremely useful in focusing attention on what will be required ten years hence. The programme as outlined in the plan fills one with hope for the future, and the commencement of this work must be encouraging to those in need of the services. Whether these plans materialise depends partly on informing the local community what is being done and prepared for them, and the proposals which have been made and renewed and set out in the body of the Report are therefore commended for special interest.

### **Vital Statistics**

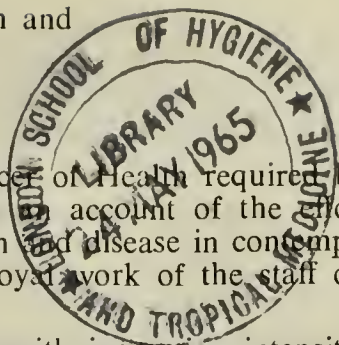
The estimated mid-year population provided by the Registrar General was 151,000, a slight reduction on the previous year. Estimates prior to the last census showed a similar trend, but the figures showed a sharp increase when statistics were available after the completion of the census. When providing health services, more important than the total population are the numbers in the sub-divisions of the population which make the heaviest demands on the preventative and supportive services of the local authority. It is estimated that the population aged 65 and over will rise from 27,200 in 1963 to 30,400 in 1974. It is evident that the work of family doctors and local health services during the next 20 years will be more and more amongst elderly folk. More and more weapons will be required in this fight to preserve health and happiness and to allow them to lead useful lives and enjoy a happy retirement.

The increased expectation of life is reflected in the steady increase in the percentage of people who reach higher age groups, and during the year 43% of the deaths occurred in 75 years and over and 11% in the 85 years and over groups. In the 65 years and over group the percentage has increased from 68.1 in 1953 to 73.5 in 1963.

There is also an increase in the birth rate. Although the marriage rate in the Borough is remarkably consistent at around 1,170, the crude birth rate of 13.7 is now the highest since the post-war peak rate of 1947. Estimates based on the Marriage Notices received by Registrar (this excludes Church of England marriages) indicate that 33 $\frac{1}{3}$ % of those married are under 21 years of age and that 25% of marriages take place between the ages of 21 and 23 years.

In recent years there has been a sharp rise in the number of school pupils. When they are taken in conjunction with the increased number of people recently discharged from hospital it will be seen that this has been a year of steeply rising demands on the supportive services.

The attempted re-allocation of priorities has not been helped by the recent figures relating to infant mortality, which during the year was 50% above the average for England and Wales. These figures have been closely studied to determine whether there is a basic underlying factor, but care has to be taken not to read too much into the figures for one year as these are known to show fluctuations from



time to time. They also serve as a reminder that at a time when there is an increasing shortage of nursing and medical staff nationally, any reassessment of priorities in the work carried out must proceed with caution. A careful watch must be kept on the basic services that have been originally established.

### **Infant Mortality**

During the year 65 deaths occurred amongst children under one year old. The death rate was 31.4 per 1,000 live births, which again shows an increase on the previous year (25.1). The national average was 20.9, the lowest ever recorded for the country.

Any consideration of these figures must be undertaken in two groups. The first group, neo-natal, occur in the first month of life and are mainly attributable to factors associated with the birth, and the second group, post neo-natal, are mainly due to environmental influences after birth.

### **Neo-natal Mortality**

Forty-one children died in the first month, of these 34 did not survive the first week. The neo-natal mortality rate of 19.8 shows an increase over the previous year (18.0) but lower than the figure for 1960 (20.5). The average figure for England for 1963 was 14.2.

Whether a child is stillborn or dies shortly after birth is largely fortuitous and consequently in considering figures relating to infant mortality these two groups are now considered jointly under the heading of perinatal mortality. This includes all stillbirths after the 28th week and all infants who die within one week of birth. The total number in this group was 71, giving a rate of 33.2, compared with 38.7 in the previous year, and a national average of 29.3.

### **Post Neo-Natal Mortality**

This improved perinatal figure is unfortunately not paralleled in the infant death rate due to an increase in the post neo-natal numbers of children who died in the group exceeding one month. Of the 24 deaths in this group 20 (80%) were due to respiratory infections. It would appear significant that nine of these respiratory deaths occurred during the exceptionally cold period up to the end of March. A further five occurred during the following December.

### **Maternal and Child Welfare**

A high attendance rate is still being maintained at infant welfare and ante-natal clinics throughout the town. There is a close liaison with the family doctor and an increasing number are running clinics of their own. Nurses and a Health Visitor are visiting doctors' clinics and efforts are being made to attach Health Visitors to family doctors' practices to ensure that the attention which the mother and child receive is co-ordinated and consistent.

It has been recognised that clinical examination should be made of all children shortly after birth and during early childhood to help in the diagnosis of chronic illness. Some groups of children, e.g. premature babies have defects more often than other children. For this reason arrangements were made at the suggestion of the Ministry for the provision of a register of those children considered to be at risk. It is proposed to commence the Register from 1st January, 1964, which will be compiled initially from information becoming available during 1963.

### **Maternal Mortality**

It is pleasing to be able to record for the third consecutive year there have been no maternal deaths in Blackpool. This considerable measure of success reflects creditably on all who take part in the obstetric service in an area where a high percentage of the relevant section of the population is continually changing and causing difficulties in providing adequate ante-natal care.

### **Midwifery**

The year showed the continued increase in the number of confinements which has now reached 2,712, 173 more than 1962. Hospital discharge figures increased from 969 to 1,371. The increasing demand for hospital confinements renders it



necessary for a good measure of co-ordination between the hospital and domiciliary midwifery services. It is apparent that the national shortage of midwives, whilst not yet gravely affecting the service in this area, is beginning to make itself felt. It is unrealistic to expect a midwife to carry a high case load and to be on duty for 24 hours, and there is a national trend towards a shorter working week. A rota system for regular work periods can only be introduced if there is sufficient staff to cover rest periods and holidays. Locally at least 8 midwives are required and at present we have been unable to recruit this number. This system would ultimately result in a more efficient domiciliary service and it is hoped stimulate the recruitment of midwives. It must be recognised that this would result in some loss of personal service to mothers, who would have to accept the services of the midwife on duty, but it is with reluctance that this debit side has got to be accepted due to the changing pattern of working conditions.

The increasing pressures on mothers to return to work continues to grow. This has been shown by the substantial increase in the demand for places in the day nursery. The average cost of a child is at present £4 per week and average daily attendance is now 15.3, compared with 13.2 the previous year. That this service is inadequate to meet the demand is shown by the increase in the numbers of day minders. If the urgent appeals for nurses and teachers to return to their respective professions are to produce results then adequate provision must be made for the care of their children. This is now assuming immediate importance due to considerable increase in the number of hospital beds and school places which will result from the present building of wards and schools.

### **Health Visiting**

The work of the Health Visiting Service continues to increase, and closer liaison has been established with family doctors, hospital and local authority departments. An increasing amount of their time is being spent in social visits to old people, particularly to assist the family doctor.

The unmarried mother is of interest to the Health Visitor, especially the mother who wishes to keep her baby. She often needs considerable support and encouragement, and much time is spent in persuading others of the need for active help rather than a tolerant acceptance of the situation.

The Moral Welfare Worker recently appointed in the area has been provided with an office in the Health Centre. The opportunity for close contact has proved a valuable link in providing understanding care for the unmarried mother and her child.

### **Home Nursing**

Although over 70% of all visits made by the district nurses were to patients over 65 years of age, a wide variety of cases were covered, and during the year many expressions of appreciation of the skilled nursing care, support and advice have been received.

To increase the number of patients who can be admitted to hospital, more chronically ill patients are being discharged for home nursing. Many of the patients welcome the opportunity of being at home and in familiar surroundings, but a number of these require specialised sick room equipment and every effort is made to provide this to ensure the patient's comfort and happiness. During the year the firm was especially helpful and co-operated fully in making equipment available for a patient who wished to be home at Christmas.

### **Home Help Service**

During the year the waiting list for patients who required home helps was never cleared and on occasions reached over 40. The Health Committee were aware of this problem and the proposals in the Ten Year Plan are an effort to provide facilities to help the sick and injured people of the town and particularly care for the old people.

On the average the cases require help for six hours per week, but many of the patients could receive two only, as the demands for the service were so urgent that attempts had to be made to provide some support with the staff available. This

meant that the helps were trying to do six hours' work in two. It was inevitable that this was reflected in a high incidence of sickness amongst the members of the Home Help Service.

Many expressions of appreciation were received from members of the public of the assistance which they had received. One letter said the Home Help "has been the very essence of conscientious, thorough and pleasant effort, and we are both grateful to her for her warm and friendly understanding".

### Vaccination and Immunisation

There has been a marked reduction in the number of people vaccinated in 1963 following the unprecedented demands throughout the country in the previous year when outbreaks of smallpox were reported in various parts of the country. Following a suggestion from the Ministry of Health some local authorities have been offering vaccination to children only in the second year of life. This has almost always resulted in a drastic reduction in the number of children vaccinated. Blackpool have continued with the practice which has been in operation for many years of offering vaccination as early as possible and to attempt to have the child fully protected by the end of the first year.

Reaction by the public to the high demand for vaccination in the previous year may account for generally poor response to all immunisation procedures during 1963. Very little satisfaction can be gained from the following figures.

				Blackpool		England and Wales	
				1963	1962	1963	
Diphtheria	...	...	...	59%	83%	...	65%
Whooping Cough	...	...	...	59%	82%	...	64%
Smallpox :							
Numbers vaccinated	...	...	...	1065	8657		
Numbers re-vaccinated	...	...	...	648	7542		

There is obviously a need for vigorous efforts by members of the health department as well as by parents if the present freedom from illness due to these diseases is to be enjoyed in future.

Close co-operation is still maintained with the hospital and 323 follow-up booster injections of tetanus toxoid were given at clinics.

### Ambulance Service

During the year ambulance journeys increased by 700 although there was some decrease in the actual numbers of patients carried. To increase the comfort for the driver and attendant installation of heating and demisting apparatus was completed in the older vehicles. Following the provision of blue flashing beacon in 1962 the ambulances this year were equipped with sirens to replace the bell used previously as these had been found to be barely audible above present day traffic noise. The present installations have proved effective in warning road users of an approaching emergency vehicle and have ensured a wide measure of co-operation from the public.

From various parts of the country reports were received of stationary ambulances being involved in collisions whilst attending to traffic accidents. Two portable red flashing beacons are now carried on each ambulance to provide preliminary warning to approaching drivers.

### Prevention of Illness, Care and After-Care

#### Tuberculosis

The comment by the Consultant Chest Physician serves as a reminder of the necessity to pursue closely all traces of this disease until it is finally eliminated. Mass miniature radiography has proved to be a useful weapon in detecting unsuspected cases but in the past the benefit was limited to visits by the Mass Miniature Radiography team only every three years. Arrangements have been made for the town to be visited annually.



During the visit this year 5,895 persons were X-rayed and of these 109 were referred to their family doctor for further investigation at the Chest Clinic.

### Care of Aged and Chronic Sick

Although many of the elderly parents are well cared for by their children many others are found neglected and in need of care. In the case of the very old some of their children are themselves Old Age Pensioners and in need of help. Some of the chronic sick urgently require assistance with **laundry**. The Health Committee made provision for this during the year and it is hoped to commence the service during 1964.

The number of **Meals-on-Wheels** as provided by the W.V.S. almost doubled, 6,500 being served against 3,312 in 1962.

One full time and four part time **Chiropodists** were employed during 1963 and a total of 3,771 treatments were given. The need for this service has been apparent to all engaged in looking after the elderly. If the present favourable staffing position continues a comprehensive Municipal Chiropody Service could be established in the near future.

Perhaps it may be taken as an indication of the improved services available to the public that last year it was not necessary for any action to be taken under Section 47 of the National Assistance Act. Most people have been either willing to accept treatment voluntarily or it has been possible to provide adequate care and attention in their own home. This satisfactory improvement can only be maintained by close supervision of the health and well being of the whole population with particular emphasis on the preparation for retirement. Even though a few aged people "who are unable to devote to themselves, or acquire from others proper care and attention" may appear from time to time, these should not be regarded as indicating a breakdown in the social services.

### Mental Health

The Department had a visit during the year by Mr. Braine, Parliamentary Secretary of the Ministry of Health, who showed particular interest in the Mental Health provision of the Corporation.

The Junior Training Centre was also visited by Mr. Kelly of the Isle of Man Health Services Board. Good progress is being made with the Special Care Unit and it is hoped to commence building this Unit during 1964.

Belmont House has proved its value as a necessary adjunct to the increasing facilities now available to the mentally disordered patient. Figures alone do not show the full value of this project, as many of the benefits are subjective, but patients, social workers and medical staff are convinced of the worthwhile achievements which have resulted from this hostel.

Little progress has been made with the Adult Training Centre. The Local Authority wished to incorporate a Special Care Unit for those who by age could not be cared for in the Special Care Unit at the Junior Training Centre, but after lengthy consideration the Ministry of Health still has reservations about this, and disapproves of the suggestion of a hostel for the mentally sub-normal to be built in conjunction with the Training Centre. These policy matters are now being cleared and it is hoped that there will be no further delays.

Again voluntary organisations are to be thanked for their assistance and some measure of the success they have attained can be gained from the Christmas Party organised by the Psychiatric Club which was attended by 250 people.

### Health Education

Considerable efforts were made to induce the public to take positive action on the facts which are already well known to them concerning smoking and lung cancer. Many still take comfort for their addiction in the specious comments and unfounded statements of a minority opposition group.

There were more requests for information from youth leaders on this subject following a television programme for the adolescents.

Mobile vans with lecturers were provided by the Ministry of Health and Central Council for Health Education.

Assistant Medical Officers report that many expectant mothers are giving up smoking for the period of pregnancy. It is possible that here there may be a more positive approach to the control of smoking in that the banishment of a habit for the sake of a loved one may have more effect than one based on personal benefit.

Opportunity was taken throughout the year to indicate the benefits that would accrue to the community from a policy of fluoridation of water supplies. Although occasional opposition was voiced in letters to the local paper, and a continuous flow of literature appeared from opposition bodies, the vast majority of the public accepted the measures advocated by the Ministry of Health.

Home Safety Committee made good use of their limited budget by using a fully furnished house voluntarily given them for a week to put on an exhibition "How Accidents Could Happen". They also purchased a film "How to Have an Accident in the Home", and this was shown to parties who visited the exhibition. By these means it appeared that the maximum impact was obtained with the material available. The Committee may take some encouragement in the reduction from 1,792 (1962) to 1,623 (1963) cases treated at the Victoria Hospital as a result of accidents in the home.

### **Public Abattoirs**

Little progress was made with the meat traders on the proposed new abattoir. In general they appear to be opposed to the "single line system" and would prefer to retain their individuality. The high costs that this would involve would seem to leave little choice and the users will eventually have to accept the more economical method if an abattoir is to be built by the Local Authority.

### **Atmospheric Pollution**

Atmospheric pollution is more a problem of industrial areas than of seaside resorts. The public are becoming aware of the deleterious effect on the health of man of foreign substances in the air, and action to reduce the smoke and sulphur dioxide must soon be undertaken. Priorities must go first to those areas most seriously affected, and it might appear that a smokeless zone in this town may well be some time off, due to the shortage of smokeless fuels for approved open grates. Fuel supplies are said to be adequate to meet existing demands, but manufacturers would not be able to cope with any extra call on supplies. It was indicated that grants would now be payable on installation of gas fires, stoves, fixed oil heaters, electrical thermal storage heaters and underfloor draught open fires where these were required for the establishment of smoke control areas.

Recognition of the desirability to reduce the ground concentration of the sulphur dioxide below a reasonable level was contained in a memorandum on chimney heights as a guide to determining the heights of new chimneys throughout the country. As the domestic chimney is responsible for three-quarters of Britain's smoke it is surely clear that a start must soon be made in this area, although it is not one of the black areas from the point of view of air pollution.

### **Personal Hygiene and Food Handling**

No major epidemics attributable to food-borne diseases occurred during the year, but much attention continued to be focused on the subject of personal cleanliness particularly in relation to those who prepare and handle food for other people. Once again the Technical College assisted in organising a course on hygiene and food handling. This was reasonably supported by the catering organisation throughout the town.

Owing to staff limitations the frequency of inspection by Public Health Inspectors of food catering establishments has had to be limited. These inspections are regarded primarily as an educational opportunity and should not be looked on as a police or enforcement activity. Whilst persistent violation of the laws relating to food hygiene cannot be ignored, the prime purpose is to instruct the owner.



manager or employee in safe methods of food handling. Considerable success has been obtained in promoting a common bond of interest between the catering industry and the Health Department.

It is the intention of the Cleansing Department to provide hand washing facilities in all public toilets. Deliberate vandalism has made this an extremely difficult task, and in those toilets which do not have an attendant repeated deliberate damage and theft has made this a most unrewarding activity. Why these installations should be the focus of so much violence and aggression poses an interesting question, but it is hoped that these activities will soon cease and that the actions of an illmannered minority will no longer penalise the public.

## **Housing**

One of the encouraging sights during the year was to see the gradual clearance of the Queenstown area and the replacement of substandard accommodation by modern up-to-date flats. The provision of special accommodation for the elderly will be of particular benefit to this area with its high incidence of people over pensionable age.

The problem of houses in multiple occupation still requires close care and attention and more help would be needed in providing routine inspection under the Housing Acts. The establishment of permanent houses in multiple occupation is not to be encouraged except where standards are adequate to maintain living conditions compatible with the present age.

Cleaning the air, reclaiming slums, and ensuring a clean food supply means much thought and work. This in turn means that the staff of inspectors must be kept at full establishment and here it must be remembered that there is a great demand for qualified Public Health Inspectors throughout the country. In this area no-one can contemplate the retardation of the progress that the public have rightly been led to expect.

## **Professional Education**

Staff successes :

Mr. T. Douglas—B.Sc. (Econ.).

Mr. R. Hebden and Mr. I. S. Miller—Certificate of Royal Society of Health and Public Health Inspectors' Education Board.

Mrs. M. McRoy and Mrs. D. Bennett—Queen's Institute of District Nursing.

Mrs. H. P. Brown—Health Visitor's Certificate.

These members of the staff are to be congratulated on their successes.

The training of pupil midwives continued, and 21 passed through our hands in 1963, five being still in training at the end of the year.

The Health Visitors were issued with Certificates of Proficiency by Dr. G. Taylor of the Department of Audiology, Manchester University.

## **Conclusion**

This report shows that in a highly complex and highly organised department three principles have been kept in mind to provide a base for all Public Health activities.

- (1) There has been a continuing urge to improve our services and expand our knowledge.
- (2) Whilst holding on to what has been proved good there is a constant awareness of the changing priorities in Public Health Service.
- (3) The value of team work will have been emphasised by the varying nature and background of those whose activities form the body of the report.

It is with sincere pleasure that I wish to record my thanks to family practitioners for their ready co-operation and to the Hospital Management Committee for their close liaison.

To my colleagues in the many Departments of the Corporation I should like to express my appreciation for their ready assistance and I must acknowledge especially the help which I have received from the Director and members of Education Committees.

The example of loyal response and the cheerful acceptance of ancillary duty has been a feature of the staff during a time of change, and is worthy of the highest commendation.

I am deeply grateful for the support given by the Chairmen and Members of the Health and Related Health Committees which has done much to ensure their confidence and therefore the competence with which the department has worked throughout the year.

Municipal Health Centre,  
Whitegate Drive,  
Blackpool.  
Tel. No.: Blackpool 63232.

D. W. WAUCHOB,  
Medical Officer of Health.

## GENERAL AND VITAL STATISTICS AND SOCIAL CONDITIONS IN THE BOROUGH

### GENERAL STATISTICS

Area (exclusive of foreshore) ... ..	8,650 acres
Area of foreshore and Tidal Water ... ..	2,076 acres
Population (Registrar General's estimate mid-year 1963) ... ..	151,000
Population (Census 1961) ... ..	153,185
Number of inhabited houses ... ..	52,273
Number of empty houses ... ..	627
Rateable value of the borough (following re-valuation from 1st April, 1963) ... ..	£7,837,617
Product of a Penny Rate ... ..	£30,800

### SOCIAL CONDITIONS IN THE BOROUGH

Area Comparability Factors in the case of births have increased to 1.2 from 1.11; and in the case of deaths have decreased to 0.8 from 0.84, signifying that the town is being recognised more and more as a refuge for the aged. Figures from the last census held in 1961 are still awaited, and it will be interesting to see the exact position with regard to the proportion of population who are over pensionable age.

Blackpool still retains the title of the premier health resort of the north and little change has taken place with regard to industry to change the pattern of catering and entertainments being the main employers. There has been no real change in planning of the town centre, but a large store has replaced the old Palace building. This however is still in tune with catering for holidaymakers by providing the town with large stores through which to meander.

Notwithstanding criticism of "too many stores", they do provide increasing all the year round employment, which the town requires.

The figures below, kindly furnished by the Manager of the Labour Exchange, show the employment position with regard to the borough:—

<b>Unemployed :</b>	Males	Females	Boys	Girls	Total
10th June, 1963 ... ..	1,240	278	44	14	1,576
9th December, 1963 ... ..	2,266	880	45	52	3,243
<b>Registered Disabled :</b>					
at 16/4/63 ... ..	2,178	405	10	5	2,598
<b>Unemployed Disabled :</b>					
suitable for ordinary employment at 9/12/63 ... ..	302	53	—	—	355
<b>Unemployed—suitable for sheltered employment at 9/12/63 ...</b>	18	—	—	—	—



**Trade and Industry.** The year 1963 started badly. Serious unemployment which had arisen in the Autumn of the previous year was further aggravated by the unprecedented severe weather conditions during January and February. All outdoor industrial activity was brought to a halt and the numbers unemployed rose to 4,325, the highest since World War II. Recovery was slow and it was not until Whitsuntide that trade and industry began to show any signs of real improvement. Holiday traffic throughout the season was below the average of previous years although there was a welcome revival during September and October due to the success of the illuminations.

In 1963 jobs were found for 7,842 people and this included 390 disabled persons who were placed in work under ordinary conditions.

## METEOROLOGY

Although Mr. W. V. Smith, the Meteorologist in charge of the Meteorological Office at Squires Gate Airport, has now left the town, he very kindly compiled the following Report. There is now some doubt as to the prospects of obtaining such interesting data in the future, and the Report may be reduced to printing the barest data available through "official channels".

**Rainfall :** Measured at 27.63" compared with the normal of 33.55". Wettest day was the 25th September when .94" fell.

For more than 50% of the time (185 days) the weather was dry or virtually so. January and February were the driest months.

**Sunshine :** Totalled 1,591.4 hours at the daily mean rate of 4.63 hours.

This was about 90 hours above the normal, an excess of Winter sunshine being chiefly responsible for this. February, with 113.6 hours, was the sunniest Winter month since local records began in 1904.

**Temperature :** Mean temperature was 47.5 degrees F., slightly below the normal of 49 degrees F. Average temperature distribution for the first five months was generally below average.

Day maximum temperatures rarely rose above 75 dgs. F., the absolute maximum reaching 80 dgs. F. during a short-lived June heatwave.

Coldest night was January 24th, when the mercury fell to 11.7 dgs. F.

## Comments on the year as a whole

1963, one of a brood of cold, rather cloudy years since 1959, was however much drier than average.

This is perhaps surprising to a community well trained in "taking cover", but was mainly the result of the first four months' rainfall being three inches below the average for any year.

Undoubtedly the most and perhaps only outstanding feature was the extreme severity of the Winter, which is now frozen history. Getting into its stride even before our 1962 Christmas turkeys were fully digested, it produced a seemingly endless melange of meteorological miseries until early March, including 66 nights of frost, 22 of which were consecutive between February 6th and 27th, and the coldest January on record.

The favourable topography of the Fylde screened the district from the agonizing blizzards which occurred in many parts, and snowfall was in fact much less than in that other postwar "chiller", the Winter of 1947.

Nevertheless, the average temperature of 33.3 dgs. F. represented the coldest Winter since that of 1878-79, and only two since 1794 have been appreciably colder.

Now that weather hazards play such an important part in the discomfort or otherwise of the broad mass of population, the effects of the Winter, albeit

excruciatingly sunny at times, can best be summed up by the phrase born of an earlier "Battle of Britain": "Never in the history of recorded weather has so much been suffered by so many for so long".

Although the Summer which followed is unlikely to merit a period of public mourning, it did aspire to greater glory than any since 1959.

There were three short instalments of warmth and sun (early June, late July, and mid-September), compared with one in 1962, and overall, the Summer was a good deal drier than that of either 1960 or 1961.

Whatever the redeeming features of 1963 they can hardly be rated as adequate compensation for the rigours of the severest Winter of the century. The story of British weather generally since 1945, with the exception of the years 1947, 1949, 1955, and 1959, makes "dull" reading with no special merit. Perhaps 1964 will do more to fulfil our great expectations.

### VITAL STATISTICS

		Male	Female	Total
Live Births :	Legitimate ... ..	932	911	1,843
	Illegitimate ... ..	124	106	230
	Birth Rate (Crude) per 1,000 pop. ...		13.7	
	Birth Rate (Standardised) per 1,000 pop.		16.4	
Stillbirths :	Legitimate ... ..	17	16	33
	Illegitimate ... ..	3	1	4
	Rate per 1,000 births (live and still) ...		17.5	
	Rate per 1,000 population ... ..		24	
Total live and still births ... ..		1,076	1,034	2,110
Infant Deaths ... ..		41	24	65
Infant mortality rate per 1,000 live births—total ...			31.4	
Infant mortality rate per 1,000 live births—legitimate			30.9	
Infant mortality rate per 1,000 live births—illegitimate			34.8	
Neo-natal mortality rate per 1,000 live births ...			19.8	
Illegitimate live births per cent. of total live births ...			11.1	
Early neo-natal mortality rate (deaths under one week per 1,000 total live births) ... ..			16.4	
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and still births) ... ..			33.7	
Maternal deaths (including abortion) ... ..			Nil	
Maternal mortality rate per 1,000 live and still births			Nil	

### BIRTHS

The number of live births resident in Blackpool during 1963 was 2,073, an increase of 82 on the previous year. The crude birth rate is 13.7 per 1,000 population, and the adjusted birth rate is 16.4. The rate for England and Wales with which the local adjusted rate should be compared is 18.2.

The crude birth rate for Blackpool shows an increase of 0.5 on the previous year, but the standard rate gives a steep increase of 1.8. This is more due to the Area Comparability factor being increased from 1.11 to 1.2 rather than a large increase in the number of births.

**Illegitimate Births.** During the year 230 such births were registered resulting in a rate of 1.5 per 1,000 population, and amount to 11.1 per cent. of the total live births. The England and Wales rate for the year is 6.9 per cent.

**Stillbirths.** Stillbirths registered during 1963 totalled 37, a considerable decrease on last year, and gives a rate of 17.5 per 1,000 total births. The rate for England and Wales for the same year is 17.2.



## RECENT POPULATION CHANGES IN THE BOROUGH

According to the Registrar General's estimated figure for mid-1963, a reduction of 250 is recorded.

Deaths again exceeded births by 488, but to account for the present population a figure of +238 must be shown as due to migration.

The Fylde area under the administration of the Lancashire County Council Health Division No. 3, to which many of this town's population have migrated, once again shows an increase of 2,140, bringing the total figure of their area, which includes Garstang, to 129,980.

The availability of building land in the Poulton and Fylde area has led to the building of the small modern suburban houses and bungalows, which in turn has attracted many of the young persons who have recently resided in this town. It must be expected that as building land becomes more scarce within the borough, the only large building programmes can be carried out outside the borough boundaries.

The figures below outline the trend of population, births and deaths from the year 1951 to the present year.

Year	Midyear Population Registrar General's Estimated Figure	Population change during year	Change in Population due to births and deaths only during year	Change in Population due to migration
1951	146,300	—3,300	—1,061	—2,239
1952	147,300	+1,000	— 656	+1,656
1953	147,700	— 600	— 383	— 126
1954	147,500	+ 800	— 779	+1,579
1955	147,200	— 300	— 769	+ 469
1956	146,500	— 700	— 687	— 13
1957	145,600	— 900	— 629	— 271
1958	144,500	—1,100	— 743	— 357
1959	143,600	— 900	— 657	— 243
1960	143,530	— 70	— 556	+ 486
1961	150,000	+6,470	— 702	+5,768*
1961 (Census)	153,185	+3,185	— 671	+2,514
1962	151,250	+1,250	— 671	+ 579
1963	151,000	— 250	— 498	+ 248

\*Steep increase due to rise in the estimated population based on preliminary 1961 census figure.

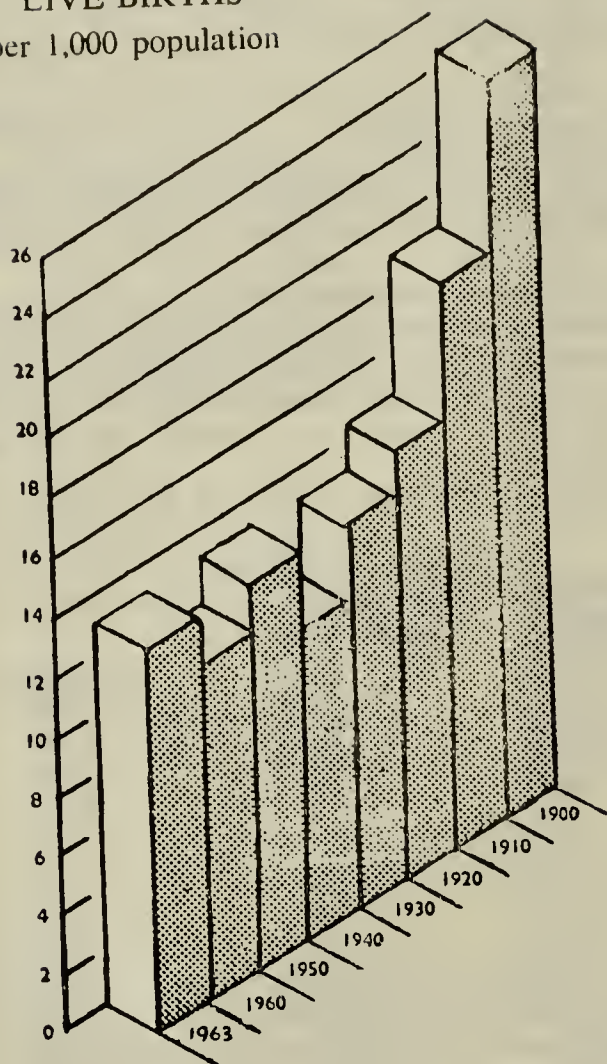
### DEATHS

	Male	Female	Total
Deaths ... ..	1,276	1,285	2,561
Death Rate (Crude) per 1,000 population ...	16.9		
Death Rate (Standardised) per 1,000 population	13.5		
Death Rate for England and Wales ... ..	12.2		

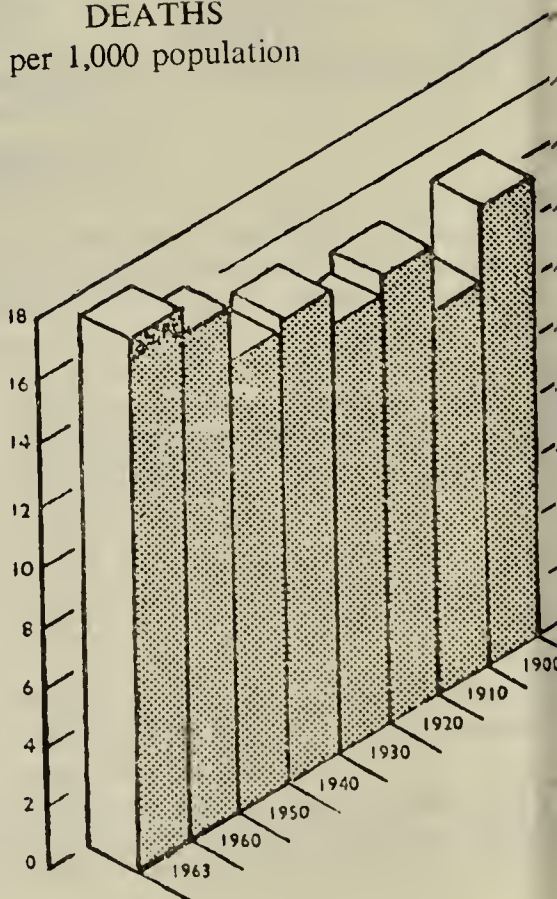
The percentages of deaths in various age groups with corresponding figures for previous years are shown below :—

AGE	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
12 months	4.5	3.5	2.1	2.7	2.1	2.0	2.1	2.0	2.06	1.78	1.67	2.05	1.79	2.07	1.75	1.87	2.54
and under s	.6	.2	.2	.4	.5	.4	.4	.3	.30	.34	.13	.16	.29	.21	.43	.15	.12
and under rs				.3	.3	.3	.3	.3	.05	.37	.34	.29	.17	.12	.17	.22	.27
and under rs	32.2	32.3	30.7														
and under rs				27.9	28.4	26.6	29.1	28.4	27.13	26.82	27.64	26.49	25.58	25.94	25.69	24.54	23.58
and over and over	62.7	64.0	67.0	68.7	68.7	70.7	68.1	69.0	70.46	70.69	70.22	71.01	72.17	71.66	71.96	31.03 31.07 11.12	30.65 31.32 11.52

LIVE BIRTHS  
per 1,000 population



DEATHS  
per 1,000 population



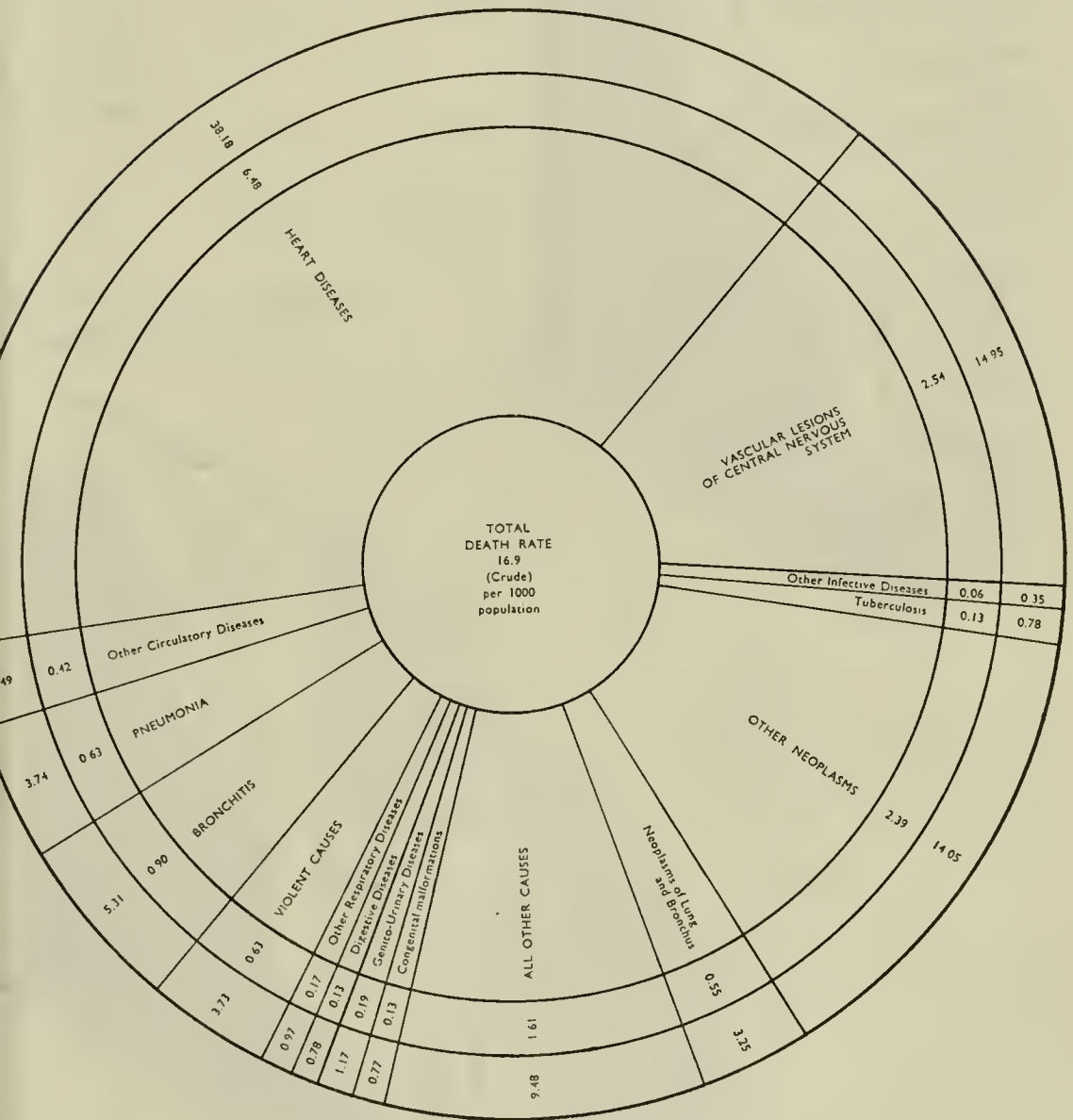


**Causes of death at different periods of life in the  
County Borough of Blackpool**

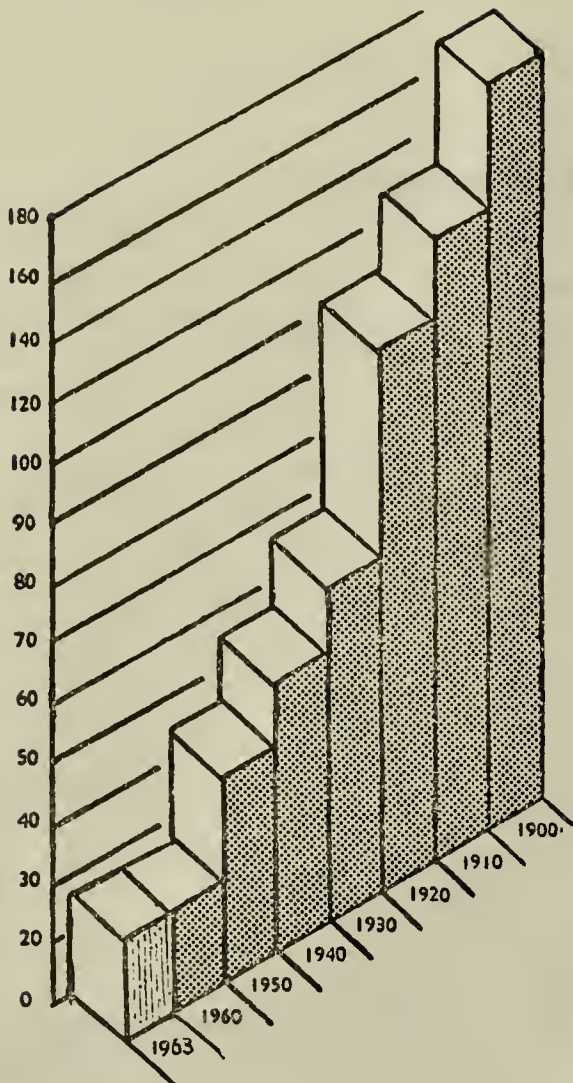
		All ages	Age at Death										
			Under 4 wks.	4 wks. & u. 1 yr.	1—	5—	15—	25—	35—	45—	55—	65—	75—
Tuberculosis, respiratory .. ..	M	18	—	—	—	—	—	—	1	—	9	6	2
	F	2	—	—	—	—	—	—	1	—	—	1	—
Tuberculosis, other .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Syphilitic disease .. ..	M	3	—	—	—	—	—	—	1	—	—	2	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
Diphtheria .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections .. ..	M	1	—	—	—	—	—	—	—	1	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Measles .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	M	3	—	—	—	—	1	—	—	—	—	2	—
	F	1	—	—	—	—	—	—	—	—	—	1	—
Malignant neoplasm, stomach ..	M	40	—	—	—	—	—	—	—	7	9	15	9
	F	21	—	—	—	—	—	—	—	3	3	6	9
Malignant neoplasm, lung, bronchus	M	61	—	—	—	—	—	—	—	8	19	26	8
	F	22	—	—	—	—	—	—	2	2	7	6	5
Malignant neoplasm, breast .. ..	F	43	—	—	—	—	—	—	4	4	8	11	16
Malignant neoplasm, uterus .. ..	F	22	—	—	—	—	—	1	1	3	6	6	5
Other malignant and lymphatic neoplasms .. ..	M	111	—	—	—	—	—	—	2	5	24	46	34
	F	116	—	—	—	1	—	1	4	9	20	35	46
Leukaemia and aleukaemia .. ..	M	3	—	1	—	—	—	—	1	—	—	—	1
	F	4	—	—	—	—	—	—	—	—	—	—	4
Diabetes .. ..	M	5	—	—	—	—	—	—	1	1	1	2	—
	F	13	—	—	—	1	—	—	—	—	2	9	1
Vascular lesions of nervous system ..	M	143	1	—	—	—	1	—	1	2	22	52	64
	F	240	—	—	—	—	—	—	2	10	19	70	139
Coronary disease, angina .. ..	M	305	—	—	—	—	—	—	3	26	83	109	84
	F	212	—	—	—	—	—	—	—	4	26	91	91
Carried forward .. ..	M	693	1	1	—	—	2	—	10	50	167	260	202
	F	697	—	—	—	2	—	2	14	35	91	236	317

		All ages	Age at Death									
			Under 4 wks.	4 wks. & u. 1 yr.	1—	5—	15—	25—	35—	45—	55—	65—
<i>Brought forward</i> .. ..	M	693	1	1	—	—	2	—	10	50	167	260
	F	697	—	—	—	2	—	2	14	35	91	236
Hypertension with heart disease ..	M	16	—	—	—	—	—	—	1	2	7	5
	F	13	—	—	—	—	—	—	—	—	—	5
Other heart disease .. ..	M	187	—	—	—	—	—	—	—	6	25	57
	F	245	—	—	—	—	1	1	—	6	18	48
Other circulatory disease .. ..	M	26	—	—	—	—	—	—	—	2	3	6
	F	38	—	—	—	—	—	—	—	2	2	7
Influenza .. .. .	M	3	—	—	—	—	—	—	—	—	—	1
	F	6	—	—	—	—	—	—	—	1	1	—
Pneumonia .. .. .	M	49	7	4	—	—	—	—	1	3	8	12
	F	47	2	2	—	1	—	—	1	1	4	8
Bronchitis .. .. .	M	104	—	7	—	—	—	—	—	6	27	41
	F	32	—	3	1	—	—	—	—	1	5	9
Other disease of respiratory system ..	M	12	—	1	—	—	—	—	—	1	2	3
	F	4	—	—	—	—	—	—	—	—	1	—
Ulcer of stomach and duodenum ..	M	9	—	—	—	—	—	—	1	1	2	5
	F	5	—	—	—	—	—	—	—	1	—	3
Gastritis, enteritis and diarrhoea ..	M	3	1	—	—	—	—	—	—	—	—	1
	F	3	—	—	—	—	—	—	—	—	—	1
Nephritis and nephrosis .. ..	M	6	—	—	—	—	—	—	1	2	1	1
	F	5	—	—	—	—	—	—	—	—	—	3
Hyperplasia of prostate .. ..	M	19	—	—	—	—	—	—	—	—	1	6
	F	—	—	—	—	—	—	—	—	—	—	—
Pregnancy, childbirth, abortion ..	F	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations .. ..	M	8	5	2	—	—	—	—	—	—	—	1
	F	11	4	3	—	—	—	—	—	—	—	2
Other defined and ill-defined diseases	M	90	12	—	2	1	1	1	2	7	6	20
	F	135	9	1	—	—	2	—	3	5	11	24
Motor vehicle accidents .. ..	M	14	—	—	—	—	3	1	4	1	2	3
	F	2	—	—	—	—	—	—	—	1	1	—
All other accidents .. .. .	M	24	—	—	—	2	2	4	1	1	3	5
	F	25	—	—	—	1	—	1	—	—	2	4
Suicide .. .. .	M	11	—	—	—	—	1	—	1	4	3	1
	F	17	—	—	—	—	1	1	2	3	3	5
Homicide and operations of war ..	M	2	—	—	—	—	—	—	—	—	—	2
	F	—	—	—	—	—	—	—	—	—	—	—
ALL CAUSES .. .. .	M	1276	26	15	2	3	9	6	22	86	257	430
	F	1285	15	9	1	4	4	5	20	56	139	355

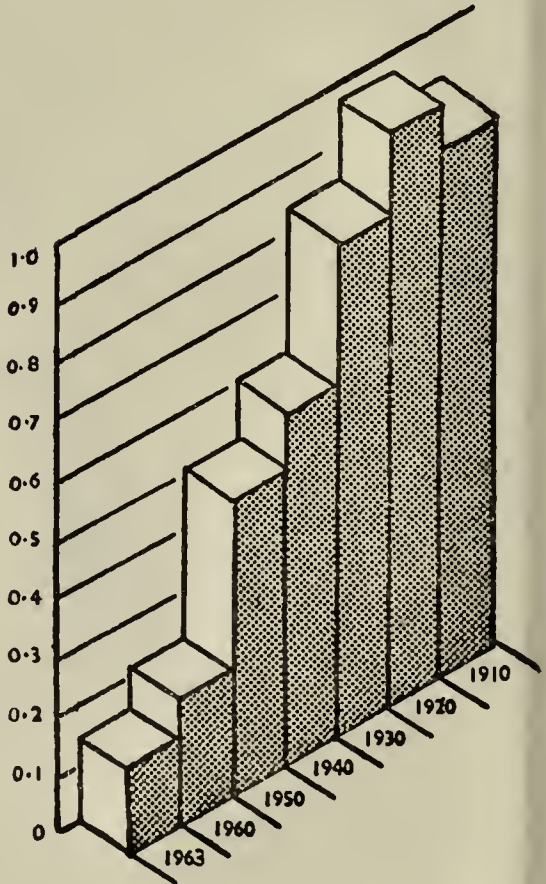
**Deaths from Principal Causes**  
 Rate per 1,000 Population  
 and  
 Percentage of Total Deaths (Outer Circle)



INFANT MORTALITY RATE  
per 1,000 live births



TUBERCULOSIS DEATHS  
per 1,000 population



**Cancer.** The number of deaths due to Carcinoma of the lung and bronchus was 83. Of this number 61 were male and 22 female, the majority of the deaths being in the 55-65 age bracket. The death rate of this particular cause for the borough is 0.55, and notwithstanding the decrease of 16 still compares unfavourably with the England and Wales rate of 0.52.

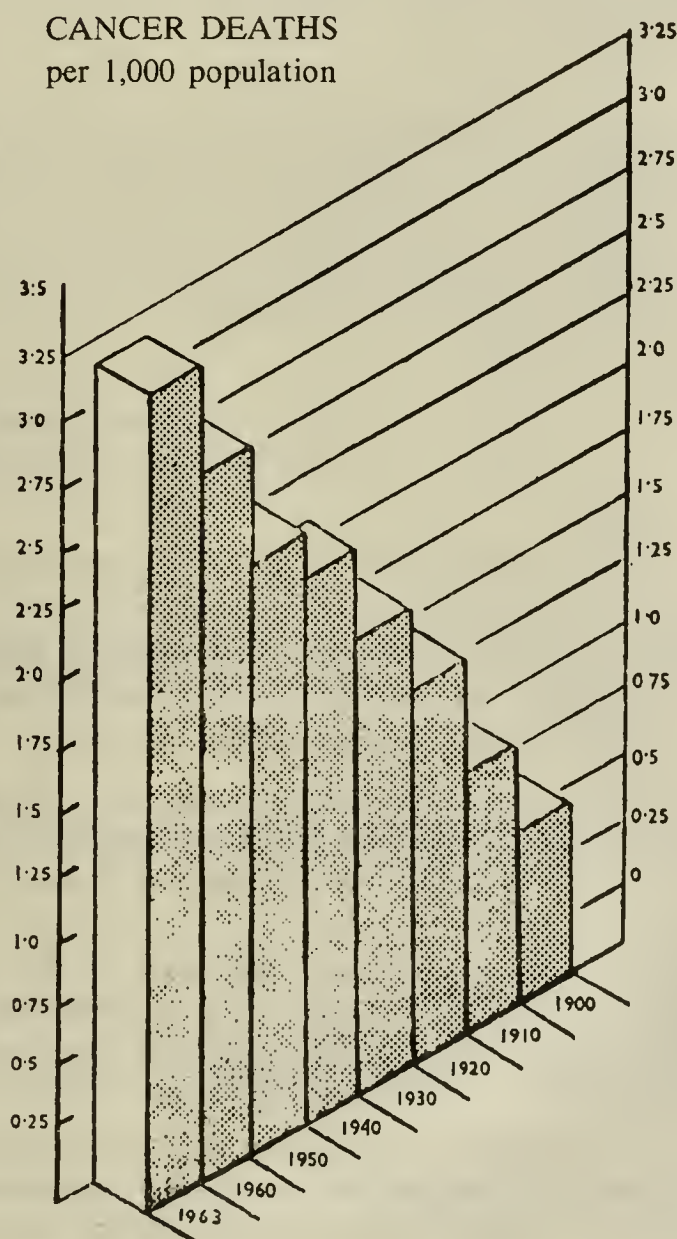


The following chart shows the number of deaths (with site of disease) over the last ten years

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Lung and Bronchus	62	62	80	83	93	67	111	98	99	83
Stomach ...	56	66	54	62	70	64	56	62	91	61
Breast ...	35	44	35	42	45	38	34	41	41	43
Uterus ...	27	21	23	17	26	22	21	27	23	22
Leukaemia	12	3	6	12	10	12	13	10	4	7
Other Sites	189	219	206	197	210	196	183	221	233	227
	381	415	404	413	454	399	418	459	491	443

Rate per 1,000 population, Blackpool	2.6	2.8	2.7	2.8	3.1	2.77	2.92	3.06	3.24	2.93
--	-----	-----	-----	-----	-----	------	------	------	------	------

Rate per 1,000 population, England and Wales ...	2.04	2.06	1.66	2.09	2.12	2.14	2.15	2.16	2.18	2.17
---	------	------	------	------	------	------	------	------	------	------



## INFANTILE DEATHS

Cause of Death	Died in					
	1st Week	2nd Week	3rd Week	4th Week	4 weeks plus	Total
Tracheo-Bronchitis .. .. .	—	—	—	—	9	9
Meningitis and Meningomyelocele .. .. .	—	—	1	—	1	2
Atelectasis .. .. .	5	—	—	—	—	5
Left and right heart failure. Acute renal failure and adrenal failure. Thrombosis (bilateral) of renal and adrenal vein .. .. .	—	—	1	—	—	1
Hydrocephalus Meningocele/Myelocele .. .. .	2	—	—	—	1	3
Intra Uterine Anoxia due to accidental combined concealed and revealed haemorrhage .. .. .	1	—	—	—	—	1
Pneumonia, Virus Pneumonia, Broncho-Pneumonia ..	12	—	—	—	6	18
Kernicterus .. .. .	—	1	—	—	—	1
Laryngeal obstruction .. .. .	—	—	—	—	1	1
Maternal Accidental Haemorrhage .. .. .	—	—	—	—	1	1
Pulmonary Haemorrhage .. .. .	3	—	—	1	—	4
Anencephaly and Encephalomyelocele .. .. .	1	—	—	—	—	1
Anencephaly .. .. .	1	—	—	—	—	1
Subdural Haematoma .. .. .	—	—	—	1	—	1
Pre-eclampsia .. .. .	3	—	—	—	—	3
Fibro-cystic disease of pancreas .. .. .	—	—	—	—	1	1
Spina Bifida .. .. .	—	1	1	—	—	2
Prematurity .. .. .	3	—	—	—	—	3
Oesophageal Atresia .. .. .	1	—	—	—	—	1
Duodenal Atresia .. .. .	1	—	—	—	—	1
Pulmonary Syndrome .. .. .	1	—	—	—	—	1
Congenital Heart Disease .. .. .	—	—	—	—	2	2
Pyelonephritis .. .. .	—	—	—	—	1	1
Leukaemia .. .. .	—	—	—	—	1	1
TOTALS .. .. .	34	2	3	2	24	65

**Infant Mortality.** It is reported with regret that this year's figure is the highest since 1951, and no consolation can be derived from comparing the town's figures with the national ones which show a decrease of 0.5.

During 1963 65 children died under the age of one year. The death rate, 31.4 per 1,000 living births, is higher than last year which gave a rate of 25.1, and is again higher than the corresponding rate for England and Wales of 21.1.

**Neo-Natal Mortality.** Of the 65 children who died, 41 did not survive four weeks after birth, and 34 died in the first week. The mortality rate, 19.8 shows an increase over 1962 by 1.8, but with exceptions there is a definite reduction in the figures over the past few years. The figure for England and Wales is 14.2.

Dr. P. Harvey, the Consultant Pathologist of the Victoria Hospital, has now left that hospital, but Dr. J. P. Bound, the Consultant Paediatrician, reports that Dr. Harvey's successor is continuing with autopsies and the usual high rate has been maintained.



Congenital malformations continue at the same level and the study of these is continuing.

It should be pointed out that although pneumonia figures as a prominent cause of infant deaths the majority of these occur in the first week and indeed in the first few days. They do not represent infection acquired after birth, but are due to complications developing during birth.

**Maternal Mortality.** Once again it is pleasing to report that no deaths occurred within the borough. The rate for England and Wales per 1,000 live and still births for the year 1963 was 0.28.

## Coronary Heart Disease

Although there has been a slight decrease in this type of death the inclination over the past few years has been a steady increase, and regretfully it is not anticipated that this trend will be reversed in the coming years.

The figures below show deaths and rates per 1,000 population over the past 10 years :—

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
No. of deaths	377	372	388	382	450	436	448	497	527	517
Rate per 1,000 population	2.5	2.5	2.6	2.6	3.1	3.04	3.05	3.31	3.48	3.42

**Tuberculosis.** During the year 24 persons died from tuberculosis, all being classified as respiratory tuberculosis. This is a startling increase of nearly 100 per cent. over last year, but it can be revealed that last year was an equally large decrease on 1961. The general trend, therefore, may be halted from time to time, but the figures show a vast improvement as they are inexorably reduced. The mortality rates (per 1,000 population) for Blackpool and England and Wales are :—

	Blackpool	England and Wales
Total Deaths ... ..	.16	.063
Respiratory Tuberculosis ... ..	.16	.056
Non-Respiratory Tuberculosis ... ..	.00	.007

## Suicides

Total suicides in 1963 show a reduction of 1 against 1962, and again there would appear to be no definite trend in this type of death. The suicide rate for the borough this year is 0.18 per thousand population. This is a considerable decrease on the high figure of 1937 which was 0.26.

The table below shows by age groups the trend since 1959.

	15-20	20-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70-75	75-80	80-84	85-89	Total
59	—	—	—	—	1	3	1	3	3	7	4	4	5	—	—	31
60	—	—	—	—	4	1	1	1	2	6	3	3	2	—	—	23
61	—	1	1	—	1	4	5	2	4	5	3	2	2	—	—	30
62	—	1	—	—	—	4	4	4	2	5	4	5	—	—	—	29
63	1	1	1	—	3	—	5	2	6	—	3	3	1	1	1	28

1959 :	8	23
1960 :	7	16
1961 :	14	16
1962 :	13	16
1963 :	13	15

METHOD	AGE																				% of total									
	18	24	29	35	38	39	46	47	48	49	53	54	55	56	57	58	60	65	66	67		72	73	74	76	83	89	All Ages		
	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F		M F	M F	M F	M F	M F	M F	M F		
Coal Gas ..	1		1		1		1 1									1			1			1	1				4	7	39.3	
Poisoning by Analgesic and Soporific Substances—																														
Barbiturate ..				1				1	1		1			1	1*	1										1	2	6		
Soneryl ..										1																	1	—		
Aspirin ..						1																					—	1	42.8	
Tofranil and Promazine ..		1																									—	1		
Phenacetin ..													1														—	1		
Hanging ..																								1		1	—		3.6	
Carb. Monoxide														1						1							1	1	7.1	
Self-inflicted Wounds ..																			1								1	—		3.6
Drowning ..												1															1	—		3.6
TOTALS ..	1	—	—	—	1	—	1	1	—	1	—	1	—	—	1	1	—	—	1	—	—	—	—	—	1	—	1	1	17	100

\* With Paraldehyde.

Of the 28 people who died, 6 females and 2 males were known to the Mental Health Section, 2 females and 1 male having attempted suicide on previous occasions. During the same year well over 200 cases of attempted suicide were treated at the Victoria Hospital, and the Blackpool and Fylde area now has the second highest figures for attempted suicide in the Manchester Regional Hospital Board area.

The old and vexed relationship between the law and suicide came to an end in 1961 with the advent of the new Suicide Act, a humane piece of legislation which recognised the need of the attempted suicide to receive help or advice, for certainly high percentage of suicide attempts are in fact cries for help.

In common with similar large seaside resorts Blackpool has the difficult problem of the aged and the lonely. Numerous couples retire here and many live long enough to enjoy years of happiness but some are not so fortunate, one partner dies and the other is left lonely and friendless. The figures below will illustrate this problem, in particular the age group 55 and over in which occur approximately 5% of the suicides.

Suicides by months are charted below :—

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
Male	1	—	1	1	1	2	1	—	1	—	1	2	11
Female	2	2	1	3	1	1	3	—	2	—	1	1	17
Total	3	2	2	4	2	3	4	—	3	—	2	3	28

## Comparative Statistics

The following table affords a comparison between the statistics of previous years, so far as they are available, with those under the year of review.

PERIOD	Birth Rates (Crude)				Death Rates (Crude)							Lung Cancer
	Total Live Births	Still Births	Illegitimate Live Births		Total	Infantile	Neo-Natal	Peri-Natal	Maternal	Tuberculosis	Cancer (All types)	
	per 1,000 population	per 1,000 total births	per 1,000 total population	per cent of total live births	per 1,000 population	per 1,000 live births	per 1,000 live births	per 1,000 live and still births	per 1,000 total births	per 1,000 population	per 1,000 population	
1886—1890	25.2	—	—	—	15.3	144.2	—	—	—	—	—	—
1891—1895	23.9	—	—	—	15.3	168.2	—	—	—	—	—	—
1896—1900	26.5	—	—	—	14.4	159.9	—	—	—	—	.67	—
1901—1905	22.3	—	1.3	—	12.9	138.4	—	—	—	—	.93	—
1906—1910	17.4	—	1.2	—	12.2	115.4	—	—	—	—	.88	—
1911—1915	15.6	—	1.3	—	14.0	115.7	—	—	—	.91	1.3	—
1916—1920	12.7	—	1.4	—	14.7	88.8	—	—	—	1.0	1.6	—
1921—1925	15.0	—	1.3	—	14.3	73.3	—	—	6.6	.88	1.7	—
1926—1930	11.8	—	.93	—	13.7	66.2	—	—	5.7	.76	1.8	—
1931—1935	10.5	53.5	.76	—	14.2	63.6	—	—	6.0	.71	2.0	—
1936 ..	10.8	55.2	.62	—	15.6	63.0	—	—	4.6	.63	2.1	—
1937 ..	10.3	66.9	.64	—	16.6	57.7	—	—	3.1	.62	2.2	—
1938 ..	10.9	42.5	.63	—	14.6	47.2	—	—	4.7	.59	2.3	—
1939 ..	10.6	39.5	.78	—	14.8	53.5	—	—	2.6	.58	2.1	—
1940 ..	9.4	40.4	.69	—	15.4	53.0	—	—	7.1	.49	1.7	—
1941 ..	11.5	36.1	.97	—	15.5	56.8	—	—	2.0	.62	2.3	—
1942 ..	12.7	36.9	1.3	—	13.8	68.4	—	—	4.8	.49	1.9	—
1943 ..	12.5	30.3	1.2	—	14.8	62.6	—	—	2.5	.55	2.2	—
1944 ..	13.8	33.7	1.4	—	14.3	41.3	—	—	3.8	.53	2.2	—
1945 ..	12.5	29.1	1.7	—	14.8	37.8	—	—	2.6	.59	2.3	—
1946 ..	13.7	28.2	1.3	—	13.8	37.8	—	—	2.8	.53	2.2	—
1947 ..	15.2	27.1	.98	—	14.6	43.4	—	—	2.1	.53	2.1	—
1948 ..	13.3	29.0	1.1	—	13.8	36.3	—	—	1.9	.47	2.2	—
1949 ..	12.2	31.4	.88	—	15.1	25.8	—	—	1.1	.45	2.4	—
1950 ..	11.3	28.7	.73	—	15.7	37.8	24.8	—	1.7	.30	2.4	—
1951 ..	11.1	31.7	.86	—	18.3	35.2	24.7	—	1.2	.34	2.6	—
1952 ..	10.9	29.0	.68	—	15.4	28.0	19.3	—	.6	.30	2.6	—
1953 ..	11.0	27.6	.91	—	14.3	27.2	22.2	—	.6	.16	2.5	—
1954 ..	10.8	32.2	.84	—	16.1	30.1	23.2	—	.6	.30	2.6	—
1955 ..	10.8	26.4	.86	—	16.0	30.3	25.3	—	—	.21	2.8	0.0
1956 ..	11.7	28.8	1.02	8.7	16.4	24.9	18.0	—	.6	.21	2.7	0.0
1957 ..	11.7	26.2	.79	6.7	16.1	22.8	16.4	—	—	.16	2.8	0.0
1958 ..	11.7	27.2	.85	7.3	16.9	29.6	23.1	—	1.15	.18	3.1	0.0
1959 ..	12.1	23.0	.87	7.2	16.6	24.8	17.2	38.8	—	.11	2.7	0.0
1960 ..	12.9	15.4	1.1	8.5	16.8	26.9	20.5	32.9	—	.13	2.9	0.0
1961 ..	12.5	23.4	1.2	9.4	17.2	23.9	15.4	35.8	1.04	.19	3.1	0.0
1962 ..	13.2	24.0	1.4	10.3	17.6	25.1	18.0	38.7	—	.09	3.2	0.0
1963 ..	13.7	17.5	1.5	11.1	16.9	31.4	19.8	33.7	—	.16	2.9	0.0



## INFECTIOUS DISEASES AND EPIDEMIOLOGY

Details of cases notified during the year are contained in the following tables, which also show notifications compared year by year since 1947.

**Diphtheria.** Once again it is pleasing to report that no case of diphtheria was reported during the year. This is the thirteenth successive year when no case has been reported.

**Poliomyelitis.** No case was notified during the year, and a satisfactory trend has continued, only one case being notified in the past five years.

**Smallpox.** The outbreaks which occurred in 1962 throughout the country subsided, and no notification was received of any case occurring in the town.

**Measles.** 987 cases were notified which shows little variation during the past three years.

**Whooping Cough.** Again a low figure of 36 was reported and this supports the view that regular immunisation is a factor in keeping the number of cases at a low level.

Disease	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Scarlet Fever ..	140	269	280	239	224	265	379	152	137	159	73	126	187	163	95	36	39
Whooping Cough ..	267	331	326	290	245	508	430	192	93	281	76	44	92	159	22	8	36
Diphtheria ..	44	39	25	9	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	975	1,586	1,089	698	1,756	1,733	695	1,741	932	82	3,096	276	1,498	775	900	1,050	987
Pneumonia ..	21	23	31	16	43	35	35	21	19	27	32	22	44	19	12	8	24
Meningococcal Infections ..	5	13	5	3	1	5	3	—	5	8	6	4	6	4	—	4	—
Poliomyelitis ..	10	4	6	8	6	15	44	2	8	14	4	8	—	—	—	1	—
Polio-encephalitis ..	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis ..	—	—	1	—	—	—	—	—	—	—	3	1	3	1	2	1	—
Dysentery ..	1	53	33	12	10	425	30	87	817	206	84	50	62	79	55	159	43
Ophthalmia Neonatorum..	2	25	16	4	2	4	23	26	17	33	30	47	37	18	16	7	18
Puerperal Pyrexia ..	34	33	41	25	26	53	41	41	56	93	95	82	100	48	25	24	30
Enteric Fever/Paratyphoid B Fever ..	1	3	16	1	2	1	—	1	—	—	2	3	1	—	2	—	—
Food Poisoning ..	not recorded	44	44	66	8	14	194	44	29	24	92	14	101	39	13	8	31
Erysipelas ..	33	38	41	29	21	22	32	22	18	15	13	11	15	6	3	4	6
Pemphigus ..	1	11	—	—	—	1	—	7	—	2	1	—	—	—	—	—	—

Disease	Cor- rected Notifi- cations	Ad- mitted to Hos- pital	AGE PERIODS Corrected Notifications										
			Under 1	1 to 2	3 to 4	5 to 9	10 to 14	15 to 24	25 to 34	35 to 44	45 to 64	65 and over	
Scarlet Fever .. .. .	39	7	—	2	8	23	5	1	—	—	—	—	—
Whooping Cough .. .. .	36	4	3	9	11	11	2	—	—	—	—	—	—
Diphtheria .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles .. .. .	987	17	36	285	305	346	8	4	1	1	1	—	—
Pneumonia .. .. .	24	12	2	5	—	6	—	1	2	—	5	3	3
Meningococcal Infection .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
Polioencephalitis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery .. .. .	43	5	3	6	5	10	2	5	10	1	1	—	—
Ophthalmia Neonatorum .. .. .	18	—	18	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia .. .. .	30	12	—	—	—	—	—	13	13	4	—	—	—
Enteric Fever/Para B. .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning .. .. .	31	3	1	3	3	4	7	3	5	3	1	1	1
Erysipelas .. .. .	6	2	—	—	—	—	—	—	—	1	4	1	1
Pemphigus .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—

## FOOD POISONING

**Outbreaks.** Six outbreaks of food poisoning were reported to the department during the year, details being as follows :—

Cases Notified	Cases found to have symptoms	Consumers at risk	Organism or other agent responsible	Food involved
1	2	4	Salmonella typhimurium	Not known. Illness in this case was mild and only one child was affected. (See note below).
—	4	5	Salmonella typhimurium	Not known. Only one boy, aged 9 affected, he having mild diarrhoea. (See note below).
1	4	7	Salmonella typhimurium	Not known. Only one boy, aged 11 affected with severe diarrhoea. (See note below).
1	2	4	Salmonella typhimurium	Not known. Baby only affected with diarrhoea and vomiting intermittently for a fortnight. (See note below).



Not known. Child of 15 months affected with persistent diarrhoea for two days, which became progressively less over next five days. Was discovered when patient was admitted to hospital with acute appendicitis. Routine test revealed Salmonella typhimurium. (See note below).

9

9

9

Salmonella typhimurium

Not known. Four children were affected with diarrhoea. (See note below).

N.B.—As a result of enquiries into the source of food supplies, the common factor has been the butcher's shop from which all the families mentioned above obtained their meat and cooked meats.

**Single Cases.** The number of cases notified during the year was six, the agents being identified as follows:—

Salmonella brandenberg	...	...	...	...	1
agama	...	...	...	...	4
typhimurium	...	...	...	...	1

## INVESTIGATION OF THE COMPLICATIONS OF MEASLES

In the Report of 1962, it was intimated that the department was to co-operate in an enquiry into the serious complications of measles, and accordingly details as under were transmitted to the Epidemiological Research Laboratory of the Central Public Health Laboratory at London.

### Summary of weekly numbers of measles notifications received and numbers of follow-up inquiry cards despatched

Week ending	JANUARY				FEBRUARY				MARCH					APRIL					Total
	1-5	12	19	26	2	9	16	23	2	9	16	23	30	6	13	20	27	28-30	
Number of Notifications Received ..	134	82	55	60	61	55	36	16	21	24	15	12	12	20	2	11	5	13	634
Number of these Notifications for which Inquiry Cards were sent to Doctors ..	134	82	55	60	61	55	36	16	21	24	15	12	12	20	2	11	5	13	634

## Age and Sex Distribution

(a) for all patients.

<sup>a</sup> (b) for patients with any complications reported or who were admitted to hospital.

Age	All Patients			Patients with any Complications or Admitted to Hospital		
	Male	Female	Total	Male	Female	Total
0-5 months ..	2	—	2	—	—	—
6-11 months ..	12	9	21	1	—	1
1 year .. ..	35	40	75	1	5	6
2 years .. ..	40	52	92	3	3	6
3-4 years .. ..	86	118	204	3	8	11
5-9 years .. ..	104	113	217	4	8	12
10-14 years ..	4	2	6	—	1	1
15-19 years ..	—	1	1	—	—	—
20 years and over..	1	2	3	—	—	—
Not stated ..	—	—	—	—	—	—
Total ..	284	337	621	12	25	37

\*NOTE : Please include in this group all cases in which there is any doubt about the occurrence of a complication.

The Measles Enquiry cards were submitted for analysis, and thanks must be tendered to all medical practitioners who co-operated in the survey.

Subsequent to the data supplied a request was made for a child to undergo an examination by Dr. Pampiglione, and arrangements for her to be transported to Manchester for this purpose were made. Parental consent for her to receive an E.E.G. at a later date was received. All expenses incurred by the family in transporting the child were reimbursed by the Central Public Health Laboratory.

Further detailed information on three other children, admitted to hospital following measles, was requested, and again with the co-operation of their medical practitioners this was supplied.

Conclusions had not been reached by the end of the year, but it is hoped to be able to publish the results of the survey in the next Report.

## TUBERCULOSIS

**Incidence.** During the year 65 cases of tuberculosis were notified, 61 respiratory and 4 non-respiratory cases. Of these 44 respiratory and 4 non-respiratory were primary notifications. The remaining 17 supplementary notifications were made up as follows :—

- 4 Posthumous notifications.
- 13 Transfers from other areas.

The following table classifies the primary notifications of tuberculosis according to age groups :—

Age Periods	Primary Notifications			
	Respiratory		Non-Respiratory	
	Male	Female	Male	Female
0—	—	—	—	—
1—	—	1	—	—
2—	2	1	—	—
5—	1	—	—	—
10—	—	—	—	—
15—	2	1	—	1
20—	4	2	—	—
25—	4	1	—	3
35—	7	1	—	—
45—	8	1	—	—
55—	3	—	—	—
65—	5	—	—	—
75—	—	—	—	—
TOTALS ..	36	8	—	4

The following table which summarises the notification register shows the number of patients at the end of 1962, the fluctuation of patients during the year 1963 and the number remaining at the end.

Type and Sex of Case		Remaining on register 31.12.62	Notificat'ns (from all sources)	Died	Recovered	Transferred	Lost	Altered Diagnosis	Remaining on register 31.12.63
Respiratory tuberculosis	M	368	48	12	25	7	—	—	372
	F	240	13	2	26	8	—	—	217
Non-Respiratory tuberculosis	M	31	—	—	1	1	—	—	29
	F	34	4	—	—	—	—	—	38
TOTALS	..	673	65	14	52	16	—	—	656

**Mortality.** The number of deaths which were attributable to tuberculosis in 1963 was 20. This number includes four persons who had not previously been notified as suffering from the disease.



**Chest Clinic.** This Clinic, administered by the Blackpool and Fylde Hospital Management Committee, is held at the Municipal Health Centre at the following times :—

Monday	9-30 a.m.—11-30 a.m.	Review of patients.
	9-30 a.m.—11-30 a.m.	Old patients.
	2-00 p.m.— 4-30 p.m.	New and old patients.
Tuesday	9-30 a.m.—11-30 a.m.	} New and old patients.
	2-00 p.m.— 4-30 p.m.	
Wednesday	9-30 a.m.—11-30 a.m.	New and old patients.
	2-00 p.m.— 4-00 p.m.	Bronchogram Session.
Thursday	10-00 a.m.—11-30 a.m.	} New and old patients.
	2-00 p.m.— 4-30 p.m.	
Friday	9-30 a.m.—11-30 a.m.	New and old patients.
	2-00 p.m.— 4-30 p.m.	Children's Clinic (B.C.G.)

Cases referred by General Practitioners for X-ray only are seen during any of the above sessions.

Dr. L. Capper, Consultant Chest Physician, has kindly contributed the following report on tuberculosis in the Borough :—

“There are two points that need to be made.

First of all, notifications in the last two years, that is, 1962 and 1963, are still running at a high level, and there were more cases notified in 1963 than in 1959.

Secondly, the incidence of primary resistance in the Fylde is high, and our statistics show that 28% of cases have resistant organisms when first diagnosed.

Any belief, therefore, that the problem of tuberculosis in Blackpool has been overcome is misplaced, and case finding becomes an even more urgent problem.

### Notifications of Respiratory Tuberculosis for Blackpool

Year	Notified	Transfers	Total
1953	39	10	49
1954	46	9	55
1955	48	14	62
1956	65	14	79
1957	33	17	50
1958	34	23	57
1959	46	34	80
1960	57	12	69
1961	78	15	93
1962	60	10	70
1963	44	13	57

# Notifications of Respiratory Tuberculosis by Age Groups

Age Groups	1953			1954			1955			1956			1957			1958		
	Cases Notif'd		Trans. In.	Total		Cases Notif'd	Trans. In.		Total	Cases Notif'd		Trans. In.	Total		Cases Notif'd	Trans. In.		Total
	M	F		M	F		M	F		M	F		M	F		M	F	
0-5	3	4	-	3	4	2	2	-	2	2	1	1	-	2	1	1	-	2
6-10	2	-	-	2	-	1	1	-	1	1	-	-	-	-	1	-	-	1
11-15	2	1	-	2	1	-	-	-	-	2	-	-	2	-	-	-	-	1
16-20	6	2	-	6	2	2	-	-	2	3	2	3	-	2	3	-	-	3
21-30	1	4	1	2	8	5	5	2	7	4	4	5	3	9	2	2	9	13
31-40	2	5	-	2	5	6	3	3	9	4	4	5	2	6	4	2	5	12
41-50	1	-	2	3	-	4	2	-	4	3	6	3	2	8	5	3	2	5
50 plus	4	2	2	6	3	8	5	-	8	5	10	4	4	14	6	5	13	8
Totals	21	18	5	26	23	28	18	5	33	22	28	20	9	37	25	21	12	42

Age Groups	1959			1960			1961			1962			1963		
	Cases Notif'd		Trans. In.	Total		Cases Notif'd	Trans. In.		Total	Cases Notif'd		Trans. In.	Cases Notif'd		Trans. In.
	M	F		M	F		M	F		M	F		M	F	
0-5	-	1	2	2	1	3	2	-	2	-	1	-	2	2	-
6-10	-	-	-	-	-	-	-	-	-	2	2	-	1	-	-
11-15	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
16-20	-	1	1	1	2	1	2	-	4	4	-	1	4	1	-
21-30	3	6	3	6	8	4	14	2	6	14	1	3	5	2	1
31-40	7	3	6	13	3	3	3	1	4	4	1	2	4	2	1
41-50	3	1	3	6	1	5	5	1	6	5	1	1	9	1	-
50 plus	15	6	10	25	10	11	4	4	15	5	3	6	14	9	6
Totals	28	18	25	53	27	27	30	9	62	31	31	29	36	8	5

## VENEREAL DISEASE

The Venereal Disease Clinic is located at the rear of the Municipal Health Centre. This Clinic is under the control of the Blackpool and Fylde Hospital Management Committee, who have kindly furnished the following information :—

### Clinic Sessions :

Males :	Wednesday	10-00 a.m. to 12 noon
	Monday and Thursday	4-45 p.m. to 6-30 p.m.
Females :	Thursday and Friday	10-00 a.m. to 12 noon
	Tuesday	4-45 p.m. to 6-30 p.m.

The above facilities are brought to the attention of the public by means of notices fixed in toilets used by the general public. The new and nearly indestructible notice which was designed to withstand defacing is reported to be proving satisfactory.

Dr. J. F. Mackay, the Consultant Venereologist, reports that there is little comment upon this year, but has kindly supplied the following figures :—

EARLY SYPHILIS						
	MALE			FEMALE		
	18-19 years	20-24 years	25 years and over	18-19 years	20-24 years	25 years and over
BLACKPOOL ..	—	2	1	—	1	—
Lancashire and other counties ..	—	1	—	—	—	—
GONORRHOEA						
BLACKPOOL ..	3	16	37	7	3	9
Lancashire and other counties ..	2	5	15	2	1	5

NUMBER OF INDIVIDUAL PATIENTS ATTENDING IN YEAR WITH NEW INFECTIONS OF								Totals	Male	Female
(i) <i>Primary or secondary Syphilis</i>										
Age Group—										
20—24 ..	..	..	..	..	..	..	..	4	3	1
25 and over ..	..	..	..	..	..	..	..	1	1	—
(ii) <i>Gonorrhoea</i>										
Age Group—										
16 and 17 ..	..	..	..	..	..	..	..	2	2	—
18 and 19 ..	..	..	..	..	..	..	..	12	3	9
20—24 ..	..	..	..	..	..	..	..	25	21	4
25 and over ..	..	..	..	..	..	..	..	64	51	13
LOCALITIES IN WHICH INFECTIONS TOOK PLACE										
(i) <i>Primary or secondary Syphilis</i>										
(a) In locality of Centre ..								2	1	1
(b) Elsewhere ..								3	3	—
(ii) <i>Gonorrhoea</i>										
(a) In locality of Centre ..								74	50	24
(b) Elsewhere ..								31	28	3



ATTENDANCES AND DIAGNOSES OF CONTACTS								Totals	Male	Female
(i) Contact slips issued to patients with										
(a)	Syphilis, primary and secondary	..	..	..	..	..	..	7	1	6
(b)	Gonorrhoea	..	..	..	..	..	..	44	40	4
(ii) Contacts attending with										
(a)	Syphilis, primary and secondary	..	..	..	..	..	..	1	1	—
(b)	Gonorrhoea	..	..	..	..	..	..	22	2	20
(c)	Other conditions	..	..	..	..	..	..	6	4	2
TOTAL ATTENDANCES OF ALL PATIENTS										
(i)	Syphilis	..	..	..	..	..	—	1,093	634	459
(ii)	Gonorrhoea	..	..	..	..	..	..	446	355	91
(iii)	Other Conditions	..	..	..	..	..	..	1,209	809	400
Total								2,748	1,798	950
Cultures for the gonococcus								194	24	170
NEW CASES OF SYPHILIS										
(a)	Primary	..	..	..	..	..	..	3	3	—
(b)	Secondary	..	..	..	..	..	..	2	1	1
	Cardio-Vascular	..	..	..	..	..	..	1	—	1
	Of the nervous system	..	..	..	..	..	..	7	4	3
	All other late and latent stages	..	..	..	..	..	..	7	2	5
	Congenital, aged 15 and over	..	..	..	..	..	..	2	—	2
Total								22	10	12
Age Groups of cases in items (a) and (b) above—										
20—24								4	3	1
25 and over								1	1	—
Cases transferred from other centres in England and Wales after diagnoses								3	1	2
Cases in which treatment and observation were completed								8	4	4
NEW CASES OF GONORRHOEA								105	78	27
Age Groups—										
16 and 17								2	2	—
18 and 19								12	3	9
20—24								26	21	5
25 and over								65	52	13
Cases transferred from other centres in England and Wales after diagnoses								5	4	1
Cases in which treatment and observation were completed								55	41	14
NEW CASES OF OTHER CONDITIONS										
Non-Gonococcal Urethritis								102	102	—
Other conditions requiring treatment within the centre								188	85	103
Conditions requiring no treatment within the centre								202	130	72
Total								492	317	175
Cases transferred from other centres in England and Wales after diagnosis								3	3	—
Cases in which treatment and observation were completed								463	289	174

## Section 22—Care of Mothers and Young Children

Six Local Authority Clinics situate in various parts of the towns serve the mother and young child.

Bispham Clinic }  
Hawes Side Clinic } Purpose built.  
Layton Clinic }

Health Centre Clinic—Converted hospital ward—meets majority of requirements.

Mereside Clinic —Converted church into combined clinic/library. Insufficient space to be totally satisfactory.

Thames Road Clinic—Church hall on hire for one session per week. An emergency clinic inadequate for needs of the area.

Progress has been made in the purchasing of the land in Abbey Road for the proposed new clinic, and at the end of the year the scheme was taken a step further and preparation of tenders was well in hand.

The tables below show details of attendances at the six clinics.

	Municipal Health C.		Bispham		Hawes Side		Layton		Mereside		Thames		Total	
Children under 1 year:														
First Visits .. ..	523	(469)	446	(393)	328	(331)	269	(205)	97	(115)	216	(187)	1,879	(1,111)
Re-Visits .. ..	4,038	(3,777)	4,027	(3,574)	3,488	(3,580)	2,325	(1,816)	1,304	(1,257)	1,783	(1,912)	16,965	(15,541)
Children 1—5 years:														
Total Visits .. ..	497	(868)	877	(803)	577	(569)	296	(337)	345	(323)	295	(363)	2,887	(3,344)
No. of children who attended during the year and who were born in:														
1963 .. ..	398	(370)	380	(317)	292	(294)	230	(176)	71	(89)	185	(151)	1,556	(1,111)
1962 .. ..	243	(238)	264	(266)	171	(185)	129	(128)	60	(76)	115	(122)	982	(1,111)
1961/58 .. ..	113	(108)	172	(193)	115	(99)	57	(79)	49	(108)	61	(69)	567	(666)
No. of Sessions per year	103	(104)	100	(100)	101	(99)	51	(52)	52	(51)	54	(48)	461	(461)
Average attendances per Session .. ..	49.0	(49.1)	53.5	(47.7)	43.5	(45.2)	56.6	(45.3)	33.6	(33.2)	42.5	(51.3)	47.0	(44.4)

Comparative figures for 1962 are shown in parentheses.

Dr. Jewsbury, Assistant Medical Officer, reports on “the missing attenders” at Layton Clinic, and states that whilst it is gratifying to observe the over 85% attendance rate for those children of one year old and under, it is disturbing to note that only 49% attended during their second year, and even more disturbing to note the drop of 7% in the attendance of children of 2-5 years of age.

It would seem from these figures that, in addition to maintaining and increasing the % attendance of children of one year old and under, an extra effort will be necessary to encourage the mothers of the district to bring their “toddlers” to the Clinic for at least a routine yearly check-up.

Consideration might need to be given to the holding of a special clinic for “toddlers” only, perhaps twice monthly.

In this way the earlier detection of speech, foot and leg, hearing, eye and E.N.T. defects, now first discovered at the routine school medical, could be made and earlier preventive measures or treatment instituted.

Whilst Dr. Jewsbury reports specifically on the attendance at Layton Clinic, a similar position applies to all clinics, possibly with slight variations in the percentage of attendances.

**Ante-Natal Clinics.** Clinics were held at the centres shown in the table below which show details of attendances, etc., over the year.

	Municipal Health Centre	Bispham	Hawes Side	Layton	Mereside	Thames	Total
1st Visits .. ..	482 (529)	234 (241)	245 (254)	122 (158)	70 (71)	— —	1,153 (1,253)
2nd Visits .. ..	4,505 (3,858)	2,185 (2,441)	2,421 (2,314)	1,249 (1,583)	540 (762)	— —	10,900 (10,958)
Number of women who attended during the year .. ..	514 (768)	278 (341)	285 (362)	145 (236)	92 (102)	— —	1,314 (1,799)
Number of Clinic sessions per year ..	151 (152)	105 (103)	105 (104)	68 (75)	51 (53)	— —	480 (487)
Average attendance per session .. ..	29.8 (25.4)	20.8 (23.7)	23.0 (22.2)	18.4 (21.1)	10.6 (14.4)	— —	22.8 (22.6)

Comparative figures for 1962 are shown in parentheses.

The average attendance per session shows an overall increase of .2, this being mainly due to the steep increase in the number of attendances at the Municipal Health Centre ante-natal clinic.

Appreciation is extended to Glenroyd Maternity Hospital and the Victoria Hospital for their willing co-operation in the ante-natal care field during the past twelve months.

### Post Natal Services

There was little change in the attendance figures at the Post Natal Clinics, the only increase being at Layton Clinic.

The table below shows attendances and averages for the year :—

	Municipal Health Centre	Bispham	Hawes Side	Layton	Mereside	Total
1st Visits .. ..	240 (299)	134 (157)	134 (146)	75 (93)	29 (37)	612 (732)
Re-visits .. ..	20 (13)	11 (8)	39 (55)	3 (15)	5 —	78 (91)
No. of Clinic sessions per year ..	49 (51)	12 (13)	27 (25)	12 (18)	12 (12)	112 (119)
Average attendance per session ..	5.3 (6)	12 (13)	6.5 (8)	6.5 (5)	3 (3.5)	6.2 (7)

Comparative figures for 1962 are shown in parentheses.

A doctor of the Blackpool and Fylde Hospital Management Committee is in attendance at the Post Natal Clinic on Thursdays p.m. at the Municipal Health Centre, a proportion of his salary being met by this Authority for these services.

### Confinements in Hospital and admissions to Hospital on Social Grounds

The Council continue to loan the clinic premises at the Municipal Health Centre to the Blackpool and Fylde Hospital Management Committee, who hold, on Friday morning of each week, a special ante-natal booking clinic for those expectant mothers who wish to have their confinement in Glenroyd Maternity Hospital. This clinic is attended by the Consultant Obstetrician to the Hospital Management Committee.



Usually all first confinements are booked but other cases are assessed according to their medical and obstetrical needs. Those considered suitable for home confinement are referred to the Health Department and visited by the district midwife who, if she feels that the home conditions are satisfactory, books the case. Should the home environment be unsuitable a report to that effect is forwarded to the Glenroyd Maternity Hospital and the patient is invariably allocated a bed in the hospital. In certain cases expectant mothers are booked for confinement in Glenroyd but for discharge home shortly after confinement to the care of the domiciliary midwife. During the year 304 cases were investigated and of this number 20 were booked for confinement in Glenroyd. Of these 17 were considered suitable for early discharge. 84 were booked as home confinements and the remaining 16 were booked for other hospitals or made private arrangements.

All initial blood specimens are obtained at the Glenroyd Booking Clinic.

Close co-operation between the department, Glenroyd, and the Pathological Laboratory ensures that all Specimen Reports are attached to case notes with the minimum of delay.

### **Congenital Abnormalities**

The survey referred to in the 1962 Report was implemented this year, and 447 questionnaire cards were completed during the year.

### **Physiotherapy Department**

The Physiotherapy Department had a frustrating year, inasmuch as after Miss Carroll's departure to Jamaica, the department was faced with another staff shortage. Mrs. Reddyoff was appointed in May but resigned in October, and Mrs. Chester, who had been with the department since 1947, was retired on break-down pension in April.

Programmes of work were organised and cancelled, and as it is estimated that three full-time personnel are required to cover the clinics, Woodland, Park, and Open Air Schools, it will be appreciated that with two part-time physiotherapists only the whole position is exceedingly frustrating.

Mrs. Shore and Mrs. Noblett in their joint report on the work for the year refer to themselves as the "slap and tickle brigade", and say that considering that the majority of their patients are children they practise remarkably little of either there being no need for the former and no time for the latter.

On the frustrations of physiotherapy, they consider the Department requires three full-timers to deal with Bispham and Hawes Side Clinics, the Health Centre and the Woodlands, Park, and Open Air Schools, and considering that most conditions require treatment three times weekly, the present complement of two part-timers is wholly inadequate. Domiciliary physiotherapy for the ever-increasing numbers of infirm elderly was not even touched, although on the list of priorities.

Last October they both spent half a day at the Spastics Centre, Rodney House, Manchester, at the expense of the Department, the visit being most worth while and very helpful to them in treating our own spastics.

At the end of the year they were spending two mornings per week at the Open Air School and one hour at the Norbreck Hydro Swimming Pool with the handicapped children, who are continuing to make remarkable progress with their swimming proficiency tests and hydrotherapy. This was very enjoyable for both patients and physiotherapists, though exhausting for the latter and the ruination of one's hair-do.

Increased hours of work were put in to reduce the waiting list for Sunlight treatment, so necessary during the sunless periods of the year.

Increasing interest is being shown for the four ante-natal relaxation classes held every Wednesday—clinic day, each physiotherapist taking two classes. Incidentally they have received several letters of appreciation from grateful mothers.

The following table gives details of treatments during the year :—

Treatment	Expectant and Nursing Mothers					Children under 5 years					School Children				Others					
	Municipal Health Centre Clinic	Bispham Clinic	Hawes Side Clinic	Layton Clinic	Mereside Clinic	Municipal Health Centre Clinic	Bispham Clinic	Hawes Side Clinic	Layton Clinic	Mereside Clinic	Municipal Health Centre Clinic	Bispham Clinic	Hawes Side Clinic	Layton Clinic	Mereside Clinic	Municipal Health Centre Clinic	Bispham Clinic	Hawes Side Clinic	Layton Clinic	Mereside Clinic
Artificial Sunlight ..	32	-	-	-	-	113	350	70	-	-	1872	-	-	-	-	-	-	-	-	-
Remedial Exercises ..	1482	309	115	56	-	47	128	81	5	-	628	-	-	-	-	-	-	-	-	-
Radiant Heat .. ..	-	-	-	-	-	-	-	-	-	-	7	-	-	-	-	-	-	-	-	-
Massage .. ..	-	-	-	-	-	59	101	77	2	-	76	-	-	-	-	-	-	-	-	-
Faradism .. ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

In addition to the above the Physiotherapists visited the following schools to carry out remedial exercises.

School	Treatment
Woodlands School	100
Park School	197
Open Air School	443

### Phenylketonuria

Routine testing of newly born infants continued and there were no positive reactions.

**Family Planning Clinic.** The Medical Officer and Honorary Secretary of the Blackpool and Fylde Family Planning Clinic have once again furnished the following bridged details on the activities of the clinic during the present year.

During the 100 sessions 3,628 transactions, that is, 2,593 patient visits, 1,035 orders by post, were recorded. There were 489 new patients and it is interesting to note that of these 246 were under 25 years and 243 over this age. 343 had children and the remainder included 58 pre-marital cases. We also report a very healthy increase in the number of patients returning for their six-monthly check visits. Joint meetings with the Marriage Guidance Council were held to discuss mutual problems. It is with regret that Dr. Hilda Swinburne-Jones, who has had many happy years of association with the clinic, retired on the grounds of ill-health; Dr. Margaret Millard replaced her.

Dr. Kathleen M. Helm, Senior Medical Officer, reports on the medical aspects of the clinic.

Through the good offices of Dr. J. Peter Smith, Consultant Pathologist, cervical smears were sent to the Christie Laboratory for report. This service is being offered to all the patients over 30, and it is hoped in a short time to extend it further. The idea was received with enthusiasm by the patients. Through publicity in the national press and T.V. requests have been made for these smears to be taken. During the four months this service has been in operation 128 smears have been taken. There has been one doubtful result which has to be repeated in twelve months' time. The remainder were all satisfactory, but of this number 9 had a mild infection. Endeavours have been made to maintain close contact with general practitioners in the area and all are notified of the results.



There have been many enquiries about oral contraception, and plans are well ahead for this new type of clinic to be started in March of next year. Each patient will have a cervical smear taken and her doctor will be approached before the pill is prescribed. It is hoped to keep all these patients under close supervision and they will be encouraged to attend the clinic seven times during the first year, and after that four times a year. The smear will be repeated at regular intervals.

**Day Nursery.** The Council's Day Nursery is situate adjoining the Municipal Health Centre, and whilst it is constructed to handle 50 children, the number of staff employed confines the number of children under care at one time to 21, but in case of an extreme emergency this figure has been exceeded. In consequence only necessitous cases can be admitted, and other cases are referred to homes registered under the Child Minders' Regulations. For the first time for many years there was a waiting list throughout the year, this included the Winter months during which time there is usually a slackening off in demand due to seasonal employment. No apparent reason exists for this unusual occurrence.

The cost of maintaining the Nursery during the last financial year was £2,216, which gives a net expenditure of £4/-/- per week per child. Methods of economy are always being explored, and one suggested method would be the direction of all applicants to Registered Minders with the Local Authority paying fees direct to the Child Minder less any amount payable by the applicant.

Details of staff and attendance are given below.

#### Staff

Matron	Nursery Nurse	Nursery Assistants	Domestics
1	1	1	1 (part-time)

#### Attendances

	Total	Average Daily	Days Open
Monday to Friday ..	3,887	15.3	254

Matron Whitehead retired on 20th April after faithfully serving the department for 17 years. Her successor, Mrs. Oliver, reports that the Day Nursery has been well attended, the main reason for non-attendances being holidays of parents, coughs and colds. Facilities for children to have brief period care in the Nursery were provided to enable mothers with a mental illness to attend at Clinics for treatment. Regular medical examinations of the children were carried out.

Short walks were introduced into the nursery routine and plant growing helped to stimulate the interest of staff and children. There is a shortage of play and physical equipment required for more imaginative play. The children visited one of the town's large stores during Christmas and received a small free gift.

The Women's Voluntary Services gave a donation which was spent on purchasing small gifts for the children to be handed out at their Christmas Party.

In conclusion it may be said that the children have fitted into a good relationship with each other, and were brought to the Nursery clean and well-clad.

#### Nurseries and Child Minders Regulation Act, 1948

Five applications were received to register under the above; four of these were approved to take a total of 31 children, and one was withdrawn before registration was granted. Four Child Minders surrendered their certificates. The position at the end of the year was :-

Private Day Nursery :	1	...	...	20 children
Daily Minders :	8	...	...	66 children



Every effort is made by the department to ensure compliance with the Act, and where unregistered Minders are detected a visit is made by one of the department's Medical Officers. The local newspapers have co-operated in refusing to insert advertisements from intended Minders unless authority has first been obtained from the Council. Shop window notices, a popular method of advertisement, have led to the detection of would-be Minders, and have led to the department being able to draw the attention of would-be Minders to the provisions of the Act. It is not considered that the unregistered Minder constitutes a problem in the town, mainly due to the vigilance of the department's Visitors.

### WELFARE FOODS

Tables below show sales made during the year together with comparative figures of previous years.

		National Dried Milk	Cod Liver Oil	Vitamins	Orange Juice	Proprietary Brands Welfare Foods
1963	..	26,470	1,886	1,670	21,772	35,744
1962	..	22,846	2,041	1,908	19,064	37,447
1961	..	22,921	3,547	3,970	37,086	29,934
1960	..	26,094	5,243	5,863	45,442	24,499
1959	..	29,484	5,278	5,176	48,781	19,932

It is interesting to note that the increase in National Dried Milk is offset by an equivalent reduction in Proprietary Brand Foods.

The total receipts for these issues amounted to :—

	Ex-M.O.F. Welfare Foods	Proprietary Brands Welfare Foods
1963 ..	£4,462	£4,290
1962 ..	£4,798	£4,448
1961 ..	£3,783	£3,744
1960 ..	£3,828	£2,760
1959 ..	£4,250	£2,257

**Proprietary Foods.** The following foods are available at all Infant Welfare Clinics; selection of the type of milk or food is normally the mother's choice, excepting where the Medical Officer in attendance at the clinic feels that the infant would benefit from a certain type of milk or food. Their direction is normally accepted by the mother who continues to feed the baby accordingly until otherwise advised.

The list shows the unit sales during the year :—

Ambrosia Tablets	...	...	...	63
Baby Books	...	...	...	5
Baby Rice	...	...	...	951
Carnation Milk	...	...	...	164
Cow and Gate F.C.	...	...	...	3,090
Cow and Gate H.C.	...	...	...	30
Eye Droppers	...	...	...	154
Farex	...	...	...	1,696
High Protein Cereal	...	...	...	1,361
Horlicks	...	...	...	484
Lactagol	...	...	...	49
Malt and Oil	...	...	...	155
Marmite	...	...	...	398
Mixed Cereal (Robrex)	...	...	...	465

Ostermilk No. 1	...	...	...	158
Ostermilk No. 2	...	...	...	9,610
Ovaltine	...	...	...	914
Ovaltine Rusks	...	...	...	720
Robsoup	...	...	...	1,792
Robsweet	...	...	...	937
Rose Hip Syrup	...	...	...	4,882
S.M.A.	...	...	...	1,464
Scotts Cereal	...	...	...	1,095
Trufood	...	...	...	1,399
Virol	...	...	...	369
Vit. A and D. Liquid	...	...	...	3,339
				<hr/>
				35,744
				<hr/>

**Mother and Baby Homes.** The authority does not control any of these homes but seeks the assistance of voluntary bodies when cases come to the attention of the department. Similarly the Moral Welfare Council approach the department seeking financial support for unmarried mothers who have applied for admission to homes.

Eight cases were submitted to the Health Committee for consideration, five by the Blackburn Diocesan Council and three by the Blackpool and Fylde Moral Welfare Council.

In all cases the Council agreed to contribute to the cost of the fees and the total number of days involved was :—

228 days ante-natal  
86 days post-natal.

In addition there were three cases from the previous year who were still residing in the homes. The number of days involved here was :—

89 days ante-natal  
145 days post-natal.

Both the Lancaster Diocesan Protection and Rescue Society and the Blackburn Diocesan Council for Moral Welfare receive Annual Grants from the Local Authority. The latter Council appointed a case worker, as it was felt that there was ample scope for such an appointment to cover the Fylde area. The Health Committee, however, was not disposed to make a contribution towards her salary but agreed to the payment of £5 per Blackpool case dealt with. In addition arrangements were made for Miss Jackson, the case worker, to occupy an office in the Municipal Health Centre, and she is now in attendance at the following times :—

Monday	...	...	9-30 a.m. to 10-30 a.m.
Tuesday	...	...	2-00 p.m. to 4-00 p.m.
Wednesday	...	...	9-30 a.m. to 10-30 a.m.
Thursday	...	...	5-30 p.m. to 6-30 p.m.
Friday	...	...	9-30 a.m. to 10-30 a.m.

From the 1st April to the end of December, 78 unmarried mothers and babies were dealt with, and there were three general enquiries, all of these being Blackpool cases.

The only Mother and Baby Home situated in the Borough is the Fylde House of Help at 141, Hornby Road. This is administered by the Blackpool Diocesan Council for Moral Welfare, and has a total of 11 beds.

**Illegitimate Children.** The Health Visitors, in co-operation with the Moral Welfare Worker, continue to keep a vigilant eye on these children. The Children's Officer is also concerned, especially where adoption is involved.

## DENTAL CARE OF EXPECTANT AND NURSING MOTHERS

The establishment of Dentists who can be called upon to carry out treatment to expectant and nursing mothers, and children under school age, is as follows :—

- 1 Senior Dental Officer
- 2 Whole-time Dental Officers
- 2 Part-time Dental Officers.

Dental Clinics are situated as follows and treatment may be obtained at any of these during the regular sessions :—

School Clinic, Bennett Avenue  
Dental Clinic, 350, Lytham Road  
Dental Clinic, Ashburton Road.

The services first named will be transferred to the New Central Clinic adjoining the Health Centre, Whitegate Drive, early in the new year, when it is anticipated that the premises will be completed and ready for occupation.

It is estimated that 51 sessions were devoted to Maternity and Child Welfare patients.

Mr. Smith, the Chief Dental Officer, continues to attend the Ante-Natal Clinic on Friday mornings at the Health Centre to advise expectant mothers on oral hygiene and any necessary dental treatment, and the need for regular visits for dental inspection, especially during pregnancy. He reports on the service as follows :—

“ It has been noticed that a fairly high proportion of these patients were obviously receiving regular dental treatment from private dentists, but there are still those patients whose mouths are badly neglected and who refuse any treatment other than extractions for the relief of toothache; fortunately they form only a small minority.

“ There is still little demand for treatment by the School Dental Service, and at a recent meeting with the Ministry's Chief Dental Officer, he stated that it had been noted that this state of affairs existed in quite a few areas of the country, and it would appear that the fall in demand occurred when private dentists were able to supply dentures free of charge.

“ The number of pre-school children attending for treatment is rather spasmodic and there is little demand for treatment other than extraction at the moment, although there is evidence that the better class of parent is having conservative treatment carried out by private dentists ”.

### Numbers Provided with Dental Care

(1)	Examined (2)	Commencing Treatment (3)	Made Dentally Fit (4)
Expectant and Nursing Mothers . .	4	4	4
Children Under Five . . . .	20	15	13

### Forms of Dental Treatment Provided

(1)	Scalings and Gum Treat- ment (2)	Fillings (3)	Silver Nitrate Treat- ment (4)	Crowns or Inlays (5)	Extrac- tions (6)	General Anaes- thetics (7)	Dentures Provided		Radio- graphs (10)
							Full Upper or Lower (8)	Partial Upper or Lower (9)	
Expectant and Nursing Mothers	1	1	—	—	2	1	1	1	—
Children Under Five	—	3	—	—	22	12	—	—	—



### Section 23—Midwifery Service

During the year 42 midwives notified their intention to practise. The number is made up as follows :—

Regional Hospital Board ... ..	31
Municipal Service ... ..	8
Private Nursing Homes ... ..	3

All the domiciliary midwives were qualified to administer analgesics in accordance with requirements of the Central Midwives' Board.

The midwives of the Regional Hospital Board and one municipal midwife attended Post Certificate courses of instruction at various centres throughout the country.

The number of midwives employed by the department at the year end was 7, all vacancies being filled, but it was proposed to increase the establishment with effect from the 1st April, 1964, to 8.

All the domiciliary midwives are approved teachers, and 21 pupils took Part II training under their instruction. At the end of the year 5 were with the department undergoing training.

The following table shows the number of confinements attended by all midwives in the borough :—

	Confinements Attended	Confinements with the use of:—			
		Pethedine	Trilene	Gas/Air Analgesia	General Anaesthetic
(a) Local Health Authority Services— Municipal Midwives .. ..	406	59	3	311	—
(b) Hospital Services—In State Hospitals..	2,157	641	517	1,040	38
(c) In Private Practice—Domiciliary, Nursing Homes, etc... ..	149	64	10	76	16
Total—All Services .. ..	2,712	764	530	1,427	54

The table below shows the trend of domiciliary and hospital confinements in the borough from 1955 to 1963.

	1963	1962	1961	1960	1959	1958	1957	1956	1955
Hospital .. ..	2,157	2,001	1,907	1,824	1,751	1,626	1,648	1,568	1,469
Domiciliary .. ..	406	434	432	410	379	388	368	372	340
Maternity Homes ..	149	104	83	55	5	—	75	66	71
Totals .. ..	2,712	2,539	2,422	2,289	2,135	2,014	2,091	2,006	1,880

A steady increase is shown throughout the years, and it will be seen that there has been a fifty per cent. increase from 1955 to 1963.

2 sets of triplets and 53 sets of twins were born in the borough.

A summary of visits made and allied information with regard to the domiciliary service is outlined below.

Visits :

Ante-Natal .. ..	6,826
Delivery :	
Day .. ..	189
Night .. ..	239
	428

Puerperium :

Day	...	...	...	...	...	7,596
Night	...	...	...	...	...	98

7,694

Hospital Discharges	...	...	...	...	...	1,371
Investigations	...	...	...	...	...	546

Clinics attended :

Ante-Natal	...	...	...	...	...	609
Post-Natal	...	...	...	...	...	143
Mothercraft Classes	...	...	...	...	...	377

**Care of Premature Infants.** The number of domiciliary premature births during 1963 was 15, and of these 2 died within 7 days.

The remaining infants were nursed in their homes, and all made satisfactory progress under the care of the midwife and medical practitioner. In some cases the infant was entirely breast fed on discharge.

No special difficulties were encountered in the service.

The portable incubator was used on 7 occasions to move premature infants between hospitals.

Charted below are details of premature live and still births in the borough.

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
Total births	Died			Total births	Died			Total births	Died			Born		
	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days			
2 lb. 3 oz. or less . .	8	5	2	—	1	1	—	—	—	—	—	—	4	—
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	15	5	3	—	—	—	—	—	—	—	—	—	10	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	34	2	1	5	4	—	1	—	—	—	—	—	10	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	26	1	—	1	—	—	—	—	—	—	—	—	2	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	46	—	—	—	10	—	—	—	—	—	—	—	—	—
Total . .	129	13	6	6	15	1	1	—	—	—	—	—	26	—

## Section 24—Health Visiting

“Non est vivere, sed valere vita est”. Martial AD 43.

“Life is not living, but living in health” is the gospel of the Health Visiting Service. The health visitors’ work in itself does not have publicity value or achieve spectacular results, an evaluation can only be made by the increased request for the service and to some extent on the statistical evidence of the improvement in public health. Though often called upon to give assistance and advice which is expedient, the health visitor’s rôle continues to be that of an educator for “living in health”; this positive attitude to life and health calls for such personal qualities as “patient endurance” and tenacity.

It is very pleasing to report that during the year there was a substantial increase in the number of requests for this service from the general public, other workers in the social field, hospital staffs and general practitioners.

There were few changes in staff during the year, one health visitor resigned and three joined the staff, Miss Mansfield, Miss Morris, and Miss Saunders, and in addition Mrs. Brown, after completing her Health Visitor’s Training Course at Aberdeen and gaining the certificate commenced duty in July. At the end of the year the number of staff was 21 Health Visitors and 5 Clinic Nurses, an increase over 1962 of 3 Health Visitors and one below the present establishment.

In September the Royal College of Nursing, London, accepted Miss J. N. Parsonage for the Health Visitors’ Course of Training and Miss D. Salisbury for the Nursing Administration (Public Health) Course, and three health visitors attended Refresher Courses during the year at Leicester, Nottingham, and Birmingham.

Following up the course of training in screening tests for deafness in young children held at the Health Centre, 1962, Dr. G. Taylor of the Department of Audiology, Manchester University, returned to carry out oral and practical examinations of the health visitors who undertook the course, as a result each of the health visitors was issued with a certificate of proficiency.

With the kind permission of Mr. R. E. Hodd, Chief Education Officer, four health visitors attended a course of instruction in the use and handling of a Bell and Howell 16 mm. Sound Projector at the Education Office. It is hoped that, in time, full use may be made of the machine acquired by the Department for health education purposes.

Efforts to improve relationships between hospital staffs, general practitioners and other statutory and voluntary services proved rewarding. A very cordial relationship exists with the almoners of the group hospitals and facilitates an easy two-way exchange of information which is essential for any scheme of care and after-care of persons suffering from illness; ward sisters have welcomed consultation with health visitors in particular circumstances. Health visitors continued to attend Paediatric Out-Patient Clinics and the Chest Clinic.

Towards the end of the year arrangements were made for the attachment of a health visitor to a group of three general practitioners and the outcome will, no doubt, be studied closely by other general practitioners who, although having expressed their agreement with the scheme in general, have not yet expressed a desire to participate. It is anticipated that there will be administrative problems in extending the scheme to all general practitioners, for of the 96 doctors practising in the Borough under the National Health Scheme, the majority are in single practice; a good liaison, however, exists with general practitioners who contact health visitors personally, by telephone or through the Superintendent Health Visitor.



With regard to this matter, hereunder is an analysis of doctors' surgeries in the borough :—

Number of surgeries for :—

Single-handed practitioners	...	...	...	...	30
Partnership of two doctors	...	...	...	...	5
(includes 2 main surgeries for one partnership)					
Partnership of three doctors	...	...	...	...	11
(includes 2 main surgeries each for three partnerships)					
Partnership of four doctors	...	...	...	...	1
Group of six doctors (4 single-handed and a partnership of 2)	...	...	...	...	1

Health visitors have continued during the year to receive generous support from the voluntary services. The Ladies of the Sick Poor, Women's Voluntary Services and Trustees of the Foxton Dispensary have given financial and other assistance for necessitous cases and in particular for the many elderly people who are in failing health and alone.

Some mention must also be made of the health visitors' voluntary services, Miss Hardman's work on the Home Safety and Road Safety Committees, Miss Ryder as Vice-Chairman of the Save the Children Fund and Mrs. Butler's, Miss Salisbury's, and Miss Harrison's work with the Social Committee of the Local Association for Mental Health in arranging entertainments at Belmont House and the Psychiatric Social Club and fund raising activities.

With the appointment of Miss Jackson as Moral Welfare Worker, whose office is in the Health Centre, another link was made in co-operation for the care of the unmarried mother and her child. The Superintendent Health Visitor serves on the Case Advisory Committee.

It is becoming increasingly evident that the health visitor's sphere of work lies in the home and attendance at the various clinics is of relatively less importance, to this end the services of clinic nurses have been of great value.

In the future it is hoped that more active measures may be taken to prevent the breakdown in health of the elderly and with the study of the physical and mental changes of advancing years much may be done to relieve the burdens of this large proportion of the community.

**Statistics.** Below is shown the number of cases dealt with by Health Visitors during the year, and also the details of visits together with clinic session attendances.

**Cases**

Children born in 1963 (1)	Children born in 1962 (2)	Children born 1958-61 (3)	Total No. of children cols. 1-3 (4)	Persons aged 65 or over (5)	No. in col. 5 visited at request of G.P. or hosp. (6)	Mentally disordered persons (7)
2,274	2,503	5,139	9,916	1,444	754	59

No. in col. 7 visited at request of G.P. or hosp. (8)	Persons discharged from hospital (Other than mental hosps.) (9)	No. in col. 9 visited at request of G.P. or hosp. (10)	No. of T.B. households visited (11)	No. of households visited re other infectious diseases (12)	No. of T.B. households visited by T.B. Visitors (13)
27	482	457	443	838	—

## Visits

	1956	1957	1958	1959	1960	1961	1962	1963
(a) To expectant mothers:								
(i) First Visits .. .. .	104	172	238	234	315	343	477	569
(ii) Total Visits .. .. .	129	220	308	322	378	518	715	305
(b) To children under one year of age:								
(i) First Visits .. .. .	1,709	1,801	1,789	1,961	1,961	1,775	1,949	2,337
(ii) Total Visits .. .. .	4,608	5,353	7,020	6,475	7,561	8,495	7,977	10,402
(c) To children age 1 and under 2 years:								
Total Visits .. .. .	2,369	2,643	3,552	3,553	4,113	4,041	4,328	5,258
(d) To children age 2 but under 5 years:								
Total Visits .. .. .	5,234	5,883	6,954	7,012	8,438	6,315	6,633	8,066
(e) To other cases (except school children):								
Total Visits .. .. .	973	3,465	1,005	2,276	2,207	3,925	5,513	6,959
Attendances at Clinic Sessions .. .. .	1,260	1,201	1,385	1,623	1,785	1,524	1,241	1,344

## Section 25—Home Nursing

Approval was given for an increase in the establishment of Home Nurses from 29 to 31 to become effective from the 1st April, 1964.

The general staffing position proved easier and 24 full time and 2 part-time female and 3 male nurses were employed at the end of the year.

The full benefit of the increased staff was not enjoyed, however, owing to the lengthy absence due to sickness of 2 members of the staff, one being retired on breakdown pension in November.

Two District Nurses attended refresher courses of the Queen's Institute of District Nursing held at Bangor and Sheffield.

Mrs. McRoy and Mrs. Bennett both successfully passed the examination of the Queen's Institute of District Nursing, Mrs. Roe, a third nurse, still being under tuition at the end of the year.

Increased numbers of patients requiring injections were recorded, and the number of injections given showed a rise of 3,375. This number accounts for the increased numbers of visits made to all patients in the year.

	Patients		Injections	
Anaemia .. .. .	1,746	...	7,788	
Anti-Biotics .. .. .	209	...	3,670	
Diabetics .. .. .	494	...	12,341	
Diuretics .. .. .	663	...	3,826	
Vitamins .. .. .	2,428	...	9,720	
Others .. .. .	203	...	1,865	
	<u>5,743</u>	...	<u>39,210</u>	

Visitors to the town continued to seek treatment and 1,087 visits were made to patients requiring the following service :—

Surgical Dressings .. .. .	18
General Nursing .. .. .	18
Enemas .. .. .	6
Insulin Injections .. .. .	60
Other Injections .. .. .	73
	<u>175</u>

The Assisted Car Purchase Scheme has encouraged the use of private cars for business purposes and in consequence has increased the mobility of the nurses.

Sixteen nurses were using cars, seven autocycles, and the remainder still using public transport.

The following table shows the numbers of patients attended and the respective number of visits made.

	Analysis of Cases				Visits to all Cases			
	Under 5	5-65	Over 65	Total	Under 5	5-65	Over 65	Total
Tuberculosis: (a) Nursing Care .. (b) Streptomycin ..	— —	— 40	— 2	— 42	— —	8 2,741	6 143	14 2,884
Cancer .. .. .	—	55	100	155	—	1,114	3,096	4,210
Heart .. .. .	—	41	111	152	—	538	3,575	4,113
Diabetic .. .. .	—	29	98	117	—	2,054	10,379	12,433
Other Medical .. ..	3	462	858	1,323	9	9,091	18,729	27,829
Other Surgical .. ..	11	244	361	616	84	5,057	6,437	11,578
Infectious Diseases ..	2	—	—	2	2	—	—	2
Maternal Complications	1	6	—	7	6	100	—	106
Chronic .. .. .	—	33	439	472	—	1,154	11,568	12,722
Others .. .. .	—	37	33	70	—	245	136	381
TOTALS .. .. .	17	947	2,002	2,956	101	22,102	54,069	76,272

### Section 26—Vaccination and Immunisation

#### Diphtheria Immunisation

Although the figures of this year compare with those of the previous year, no explanation can be put forward to justify the parents' poor response this year to immunisation.

It will be recalled that the drop in the numbers immunised in 1962 was assumed to be the preference of parents towards Smallpox vaccination. This year, however, there have been practically no reports of wide scale infection, hence the apathetic state of mind has once again prevailed.

General practitioners carried out 420 full courses of primary immunisation and 103 boosters, whilst the school programme included 90 primary and 1,597 boosters. All these figures are included in the table below :—

	CHILDREN BORN IN YEAR							
	1963	1962	1961	1960	1959	1954/58	1949/53	Total
(a) Number of children who completed a full course of primary immunisation (including temporary residents) during the year .. .. .	516	718	63	15	9	107	30	1,458
(b) Number of children who received a secondary (reinforcing) injection (i.e., subsequently to primary immunisation at an earlier age) during the year ..	—	1	11	2	30	836	935	1,815
(c) Number of children who completed a full course of immunisation (including temporary residents) during the year ..	516	717	63	15	9	9	2	1,331

Estimates of the Immunity States for the town and for England and Wales are as shown below :—

Diphtheria	...	...	...	59%	Blackpool
				65%	England and Wales
Whooping Cough	...	...	...	59%	Blackpool
				64%	England and Wales



Smallpox Vaccination

Last year was a year to remember so far as smallpox infection was concerned, and as a result unprecedented demand was made for vaccination. Happily, however, there has been little infection reported this year, and in consequence there has been a steep reduction in the numbers of persons seeking vaccination. The usual pattern applies that whilst there is demand akin to panic when newspapers report cases of infection, apathy follows immediately the epidemic subsides. Whilst it is a regrettable state of affairs there can be no doubting that there is no better advertisement for immunisation than "tragedy".

The burden on general practitioners also eased and 211 primary and 933 revaccinations were carried out by them. Emigrants continued to request vaccination, and the total figures for the year are included in the table below. The figures included under this heading cover only persons specifying their need as being due to emigration.

As a matter of comparison, the total number who were vaccinated and revaccinated in 1962 was 16,199.

It is estimated that only 36 per cent of children under 2 were vaccinated this year, the percentage being calculated on the number of live births occurring in 1962.

Figures for England and Wales for this year have not been notified.

Age at date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Emigrants	Total
Number vaccinated .. ..	641	85	32	34	150	123	1,065
Number re-vaccinated .. ..	1	—	32	36	352	227	648

Poliomyelitis Vaccination

Disappointing figures are reported for 1963, but once again the fact that no cases of poliomyelitis has been reported has caused the inevitable slump in demand. Even the introduction of "Mr. Cube" or the sugar lump injection has done little to stimulate interest.

The department has wherever possible taken follow-up action to ensure that complete immunity is given to persons having requested first doses. Subsequent appointments were made when first, second, and third injections were given, but if such appointments were not kept first and second reminders were sent. The general response varied depending on age. The parents of infants responded well, but the interest of the older age groups progressively deteriorated.

There is now very little demand for Salk vaccine, and the numbers of this type of injection carried out is almost negligible.

	At 31/12/62	March	June	Sept.	Dec.	At 31/12/63
Third Injections—Salk .. ..	36,554	17	27	16	10	36,624
Oral .. ..	1,502	371	406	423	452	3,154
Oral after Second Salk .. ..	3,728	78	24	10	8	3,848
Total third injections .. ..	41,784	466	457	449	470	43,626
Fourth injections—Salk .. ..	7,764	15	26	43	31	7,879
Oral after 2 Salk plus .. ..	—	—	—	—	5	5
Oral after 3 Salk .. ..	1,254	197	303	485	166	2,405
Fourth injections—Oral .. ..	—	—	—	11	141	152
Total Fourth Injections .. ..	9,018	212	329	539	343	10,441

The Immunity States for the town and England and Wales are :—  
52% Blackpool  
53% England and Wales

## Tetanus

The combined Tetanus toxin has been widely used during the year and with very few exceptions all children, both infants and school children, have received protection against Tetanus along with the immunity against Diphtheria

In addition, accident cases, reporting to the Victoria Hospital and having Tetanus Toxoid injections, were referred to the department for subsequent 2nd and 3rd injections, and during the year 323 such injections were given at the clinics.

All records of Tetanus injections given are photocopied and sent to the hospital, thus enabling the hospital to have a complete record.

## Miscellaneous Vaccinations and Immunisations

In addition to the three main types of vaccination, the department has been called upon to carry out injections for persons who are required by regulations of other countries to be vaccinated against certain infective diseases. In this connection 7 persons were injected against Cholera and 10 against Typhoid/Paratyphoid. Applicants for Yellow Fever injections were referred to the special centres designated by the Ministry of Health, the two nearest points for this purpose being the Health Departments of Lancaster and Blackburn.

## Section 27—Ambulance Service

The service continued under the joint control of the Medical Officer of Health and Transport Manager, the latter being responsible for the maintenance of vehicles and payment of wages of the ambulance service.

The position with regard to staff, vehicles and statistics at the end of the year was as follows :—

Staff	Strength					
	Establishment (at 13/12/63)					
Ambulance Officer	...	...	...	1	...	1
Station Officer	...	...	...	1	...	1
Shift Leaders	...	...	...	4	...	4
Drivers	...	...	...	33	...	33
Attendants	...	...	...	5	...	5

There was no change in the establishment/strength of the service during the year.

## Vehicles

Number of vehicles at 31/12/63 :—

Ambulances :

Dennis—Diesel	...	...	...	...	9
---------------	-----	-----	-----	-----	---

Ambulances (Dual Purpose) :

Bedford—Petrol	...	...	...	...	3
----------------	-----	-----	-----	-----	---

Commer—Diesel	...	...	...	...	1
---------------	-----	-----	-----	-----	---

Austin—Diesel	...	...	...	...	2
---------------	-----	-----	-----	-----	---

Sitting Cars :

Morris Oxford Estate—Petrol	...	...	...	2
-----------------------------	-----	-----	-----	---

The Morris Cowley sitting cars were replaced by Estate Cars which can be converted to carry one stretcher.

**Statistics.** The following chart summarises the cases moved and the miles run during the year.

	1962		1963	
	Stretcher	Sitting	Stretcher	Sitting
OUT PATIENTS "IN" .. .. .	489	19,858	520	18,431
OUT PATIENTS "OUT" .. .. .	467	19,837	466	18,430
HOSPITAL ADMISSIONS .. .. .	2,504	1,291	2,608	1,238
HOSPITAL DISCHARGES .. .. .	935	4,365	963	4,526
HOSPITAL TRANSFERS .. .. .	1,190	857	1,232	817
NURSING HOMES, CONVALESCENT HOMES (Admission, Discharge and Transfers) .. .. .	356	101	313	65
INFECTIOUS DISEASES .. .. .	91	1,420	28	1,228
CHIROPODY .. .. .	8	402	—	569
MIDWIVES .. .. .	—	387	—	342
TRAINING CENTRES .. .. .	—	19,003	—	19,778
CRECHE .. .. .	—	1,191	—	1,034
SPASTIC CENTRE .. .. .	—	786	—	1,134
EMERGENCIES .. .. .	2,766	1,919	3,298	1,878
HOUSE TO HOUSE .. .. .	107	44	118	54
ROOM TO ROOM .. .. .	77	4	112	10
GLENROYD .. .. .	988	92	982	59
TRAIN .. .. .	19	268	35	230
MISCELLANEOUS .. .. .	3	413	—	247
TOTAL PATIENTS .. .. .	10,004	72,238	10,675	70,070

	1962			1963		
	Ambulance	Dual Purpose	Cars	Ambulance	Dual Purpose	Cars
JOURNEYS INVOLVING PATIENT ..	9,110	2,998	865	9,629	3,072	993
SPECIAL JOURNEYS .. .. .	354	238	25	245	121	16
WASTED JOURNEYS .. .. .	422	7	7	395	7	5
MILEAGE .. .. .	180,083	79,278	52,259	188,560	79,021	47,969

**Patients conveyed by rail.** Movement by rail has continued notwithstanding the conversion of certain lines to Diesel Rail Cars which do not have the facilities of the conventional rolling stock for carrying stretchers. The number of cases moved in this way during the year was 72. The number of miles involved was 11,774 and this gave an average of 163 miles per case.



**Obstetric Flying Squad.** Three calls were made in respect of this service, and in each case the patient was moved to Hospital.

All ambulances are fitted with radio, and the benefits are outlined by Mr. F. Dixon in his report on the service.

**Radio Control.** The installation of radio has had a marked saving on the running mileage of service vehicles over the last few years, enabling Control to divert ambulances to further cases without the crews having to use a Police Call Box or vehicles having to return to base, both being time-wasting factors. Full use of radio for an expanding service has its limitation because of the range, and interference from other sources.

**Discharges, Admissions and Outpatients.** The service has had difficulty in planning the daily programme of work, due to the practice of many departments of the hospitals and general practitioners failing to give adequate notice of movements of patients. It is realised this is not always possible and every effort has been made to accede to these requests, but often the demand exceeds the supply. One emergency, in the form of a road accident or sudden illness, can entail altering the programme of the day.

Treatment of Outpatients in fringe hospitals greatly increased, and a continued rise in this field is envisaged for the future.

## **Section 28—Prevention of Illness, Care and After Care**

**Loan of Equipment.** In 1948 the "After-care equipment Service" was like a child in need of considerable nourishment, but with personal care and attention has grown to full "adult" stature in 1963. The service has become widely known and used continuously by people in every walk of life.

A continued watch has been kept on stocks in order to keep the service flowing freely.

Special cases were brought to the attention of the department by Hospital authorities, and requests were made for specially equipped beds, similar to those used in hospital. At the end of the year there were two such beds in use, giving the maximum comfort to these unfortunate people.

Another article which has given assistance in no small way is the Three-legged Walking Stick. One patient suffering from Rheumatoid Arthritis has, with the aid of this equipment, been able to go out without other assistance, thereby improving his mental outlook at the same time.

Invalid chairs have been in great demand, especially during the Summer months, when many requests were received for the use of chairs for a week or two. The demand always exceeds the supply, but every effort was made to assist visitors who wish to enjoy the amenities of the town. The following is an extract from one of many letters received: "My husband has been an invalid for many years and we have not been able to have a holiday, but this year with the help of relatives and friends we are coming to Blackpool for a week". It is a pleasure to report that the department was able to assist in this case.

It is virtually impossible to calculate accurately the stock required for this service, or hope to have sufficient chairs on hand to supply all requests.

It is pleasing to report that many kind gifts, such as chairs, commodes, etc., have been made to the department, and this equipment has been utilised for the benefit of needy patients.

At the latter part of the year a request was received by the department for a Drager Anti-Decubitor mattress. The mattress if purchased by the department would enable a patient to be discharged home for Christmas. Immediate steps were taken to seek authority for this purchase, but in view of the worsening condition of the patient the mattress, when received, was loaned to the hospital for the benefit of the patient who was unable to take his discharge.

Hereunder are details of loans of equipment made under the Scheme. Also shown is the stock of items available.

Article	Stock	Quarter ending March	Quarter ending June	Quarter ending September	Quarter ending December	Totals
Bed Pans .. .. .	28	36	28	23	27	114
Bed Rests .. .. .	33	24	13	16	20	73
Air Rings .. .. .	22	13	12	18	14	57
Rubber Sheets .. .. .	34	19	5	16	22	62
Invalid Chairs .. .. .	20	6	4	10	5	25
Male Urinals .. .. .	14	6	3	6	9	24
Female Urinals .. .. .	14	2	—	1	1	4
Bed Cages .. .. .	9	4	4	4	5	17
Commodos .. .. .	14	12	8	8	10	38
Crutches .. .. .	33½ prs.	1 pr.	2 prs.	1 pr.	3 prs.	7 prs.
Feeding Cups .. .. .	8	—	—	—	1	1
Bed Boards .. .. .	2	—	—	—	—	—
Spinal Carriage .. .. .	1	—	—	—	—	—
Overhead Lifting Chains, Beds and Mattresses (Complete Unit) .. .. .	2	—	—	—	—	—
Pneumatic Toilet Seat Covers .. .. .	2	—	—	—	—	—
Beds and Mattresses .. .. .	2	—	—	—	—	—
Three-legged Walking Sticks .. .. .	4	2	—	—	—	2
Totals .. .. .	—	125	79	103	117	424

The figures show actual loans made, and do not show renewals where the period of three months has expired.

Enuretic machines are held for loan on recommendations of the medical officers in charge of clinics.

**Tuberculosis.** The department continued to employ one Health Visitor mainly on work concerned with the care and after care of tubercular patients, and close liaison with the Chest Clinic of the Blackpool and Fylde Hospital Management Committee was maintained. The Health Visitor acts as a relief for the Clinic Nurse, when possible, during holiday periods.

Summarised below are figures showing the visits made during the year in relation to Tuberculosis work :—

#### Home Visits

##### Respiratory :

First visits	...	...	...	...	...	39
Subsequent visits	...	...	...	...	...	470

##### Non-Respiratory :

First visits	...	...	...	...	...	1
Subsequent visits	...	...	...	...	...	27

##### Contacts :

First visits	...	...	...	...	...	382
Subsequent visits	...	...	...	...	...	179

##### Other Chest Conditions :

First visits	...	...	...	...	...	17
Subsequent visits	...	...	...	...	...	17

##### Undiagnosed :

First visits	...	...	...	...	...	15
Subsequent visits	...	...	...	...	...	11

Other visits	...	...	...	...	...	9
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**Bacille Calmette Guerin Vaccination (B.C.G.)**

**Contact Scheme.** The work in connection with contacts of tubercular patients is carried out by the Chest Clinic of the Blackpool and Fylde Hospital Management Committce, who have furnished the following figures :—

		2 yrs.	2-4 yrs.	5-14 yrs.	15 & over	Total
Skin Tested	...	32	17	33	34	116
Found Positive	...	1	1	8	23	33
Found Negative	...	31	16	25	11	83
Number vaccinated		59	16	23	10	108

Two children with negative skin tests were refused B.C.G. by parents.

**Mass Miniature Radiography**

The Radiography Unit visited the town in April of this year and details of X-rays taken are shown below.

				Males	Females	Total
Students	...	...	...	276	300	576
Industry	...	...	...	503	419	922
General Public	...	...	...	1,585	2,812	4,397
				2,364	3,531	5,895

Of these, 62 were referred to their own Doctors, and 47 were referred to their own Doctors and for further investigation at the Chest Clinic.

More detailed information of those examined and the resultant diagnoses, kindly supplied by Dr. J. I. Capper, Medical Director of the Unit, is contained in the tables overleaf.



Table 1—Analysis of Persons Examined

Type of Examinee	MALES									FEMALES									Grand Total
	15- 19	20- 24	25- 34	35- 44	45- 54	55- 59	60- 65	65 & Over	Total	15- 19	20- 24	25- 34	35- 44	45- 54	55- 59	60- 64	65 & Over	Total	
Factories/Offices ..	319	20	25	173	95	70	62	15	779	270	90	55	65	144	65	20	10	719	1,498
General Public Volunteers	60	80	240	340	230	175	160	300	1,585	255	192	305	480	530	360	380	310	2,812	4,397
Totals ..	379	100	265	513	325	245	222	315	2,364	525	282	360	545	674	425	400	320	3,531	5,895

Table II—Diagnosis

	MALES								FEMALES								Grand Total		
	25-34	35-44	45-54	55-59	60-64	65 & Over	Total	Rate per 1,000	15-19	25-34	35-44	45-54	55-59	60-64	65 & Over	Total	Rate per 1,000	Cases	Rate per 1,000
Abnormalities	1	-	1	1	-	-	3	1.27	-	1	-	-	-	-	-	1	0.28	4	0.68
Tuberculosis requiring close clinic supervision or treatment . .																			
Tuberculosis requiring only occasional out-patient supervision . .	-	-	1	2	-	-	3	1.27	-	-	1	2	-	1	-	4	1.13	7	1.19
Malignant Neoplasms . . . .	-	1	1	1	3	1	7	-	-	-	-	-	-	-	1	1	-	8	-
Non-malignant Neoplasms . . . .	-	1	-	-	-	-	1	-	-	-	-	-	3	-	-	3	-	4	-
Sarcoids (including enlarged Hilar Glands)	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1	-
Acquired Cardiac abnormalities and abnormalities of the Vascular System . .																			
Congenital Cardiac abnormalities and abnormalities of the Vascular System . .	-	2	12	7	4	-	25	-	-	1	1	15	9	11	3	40	-	65	-
	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	1	-

Table III—

**Types of Examinees suffering from Respiratory Tuberculosis Requiring Treatment**

Type of Examinee	MALES				FEMALES		Grand Total
	25-34	45-54	55-59	Total	25-34	Total	
General Public Volunteers	1	1	1	3	1	1	4

The department is pleased to report that it is the intention of the Manchester Regional Hospital Board to arrange for this Unit to visit the town each year. This will enable a closer check to be made on the population and facilitate earlier detection of chest complaints.

**Convalescent Care**

No cases were recommended during the year for convalescent care. The only applicant during the year was found to be in a Convalescent Home at the time of the Assistant Medical Officer's visit. No further action was, therefore, taken by the department.

Tentative enquiries from time to time were received, but due to various circumstances no specific action was taken after the initial enquiry.

**Chiropody Service**

The staffing position this year has been variable, and the resignation of Mr. Catton in April heralded further difficulties in keeping pace with the increasing demand for the service. For a few months the service struggled on with the services of 2 part-time chiropodists, but with the return of Mr. Catton in September new life was injected into the service. At the end of the year it is pleasing to report that the service was more settled than at any time since its inception and the strength of chiropodists was one full-time officer and four part-timers doing between them 7 sessions per week.

The patients have responded well to keeping their appointments, but only their co-operation and careful administration has enabled the avoidance of wastage.

Below is a month by month detail of the treatments given during the year.

	Bispham Clinic			Hawes Side Clinic			Health Centre			Home Visits	
	1st	Re	Sess.	1st	Re	Sess.	1st	Re	Sess.	1st	Re
January .. ..	6	53	9	3	50	7	21	232	36	8	13
February .. ..	17	47	9	7	23	4	27	186	30	16	22
March .. ..	24	60	11	11	36	7	33	143	24	24	15
April .. ..	6	33	5	2	13	2	16	71	11	1	8
May .. ..	8	24	4	—	—	—	22	79	13	5	12
June .. ..	15	31	6	3	12	2	16	57	10	—	—
July .. ..	13	53	9	10	25	5	35	114	20	5	1
August .. ..	13	40	7	5	23	4	23	128	20	—	—
September .. ..	8	52	9	5	33	6	36	229	38	19	50
October .. ..	18	75	13	12	60	10	27	251	41	17	37
November .. ..	4	87	14	4	39	7	25	229	38	16	31
December .. ..	5	75	11	4	56	9	20	194	31	12	42
Totals .. ..	137	630	107	66	370	63	301	1,913	312	123	231

Total 1st attendances at clinics	...	...	504
Total Revisits	...	...	2,913
Total 1st Home Visits	...	...	123
Total Revisits	...	...	231
On waiting list at 31/12/63	...	...	27
Total sessions	...	...	482

Mr. Catton, the Chiropodist, reports on the abnormalities affecting the feet in the aged.

**Nail Conditions.** It was found that the most common source of the trouble was of traumatic and constitutional origin, resulting in thickening of the nail with attendant involvement of nail sulcus and ingrowing nails (Onychocryptosis).

Clearance and reduction required great care, but patients have expressed their gratefulness for the treatment given.

**Hard and Soft Corns ("Heloma").** Patients suffered in varying degrees, with arthritic tendencies giving rise to distortion and dorsi-flexion of the toes. This appears to be the principal cause of corns.

**Bunions (Halux Valgus).** A high proportion of the elderly appear to suffer from this abnormality with callous formation, and where "Heloma" at the apex of the first metatarsal head has been observed, the patient suffered considerably, requiring urgent attention.

**Flat Feet (Pes Planus).** Has caused hard callous formation, resulting in great discomfort. A high proportion of the patients were found to be suffering from this condition, but whereas the acquired "Pes Planus" has caused a great deal of suffering, the congenital type was found to suffer less.

### **Problem Families**

Meetings every two months have continued to be held to co-ordinate the services of all officers having interests in these families. Solutions to the problems are not always forthcoming but it is felt that each department concerned with the families is put in possession of any information which comes to the notice of any of the departments.

At the six meetings held, 26 cases were discussed and 16 cases were reviewed.

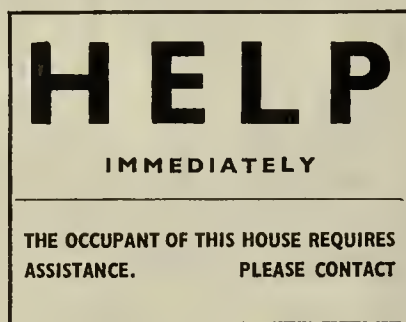
### **Meals on Wheels**

This extremely valuable service operated by the Women's Voluntary Service continued to expand and during the year 6,500 meals were served. This nearly doubles the figure of 3,312 served in 1962.

All recommendations and applications from all sources are passed to the Director of Welfare Services.

### **Assistance for the Needy**

In November of this year it was decided to have printed "Help" notices and it was felt that people living alone and feeling ill were unable to attract attention. The general idea was for the person requiring help to place this brightly printed envelope in the window and those who saw it could then contact the police, ambulance service, or Welfare Officer. The idea of the envelope was so that names of relatives, pension books and documents could be inserted therein and would be a guide to any person rendering assistance. The many dairies in Blackpool were contacted and informed of this method, as it was felt that the milkman on his daily round would be one of the first to see the notice in the window. The envelope was designed at the Blackpool Technical College School of Art.



### **Section 29—Home Help Service**

The staff of this service consists of one supervisor, one assistant, and one clerk. Some 121 Home Helps were employed during 1963. Approximately half of the staff are part-time workers. In April three Senior Home Helps were appointed to improve liaison between the administrative staff, the patients and the Home Help



During 1963 the service expanded once again, finally reaching a case load of 625 households per week. It seems certain that further expansions must be anticipated to meet the increasing demands for the service from General Practitioners and Hospital authorities.

A disturbing feature of the year was an increased amount of staff sickness, a fact not unrelated to the increased case load. The departmental policy of recruitment is being switched towards a preference for part-time workers as an attempt to overcome this problem.

Many of the staff have acquired a keen vocational sense; this fact is demonstrated by the many reports received of the voluntary visits and kindnesses undertaken on behalf of patients outside normal working hours. Throughout the year there has been excellent liaison with Ministry personnel, Welfare, and other sections of the Health Service.

Recruitment of personnel for the night sitting service is an immediate priority if this service is to function in the future, but as mentioned in a previous Report, difficulty is foreseen in finding personnel to undertake these duties.

The table below shows the number of cases and hours involved :—

Type of Case	CASES ATTENDED				HOURS WORKED			
	1963	1962	1961	1960	1963	1962	1961	1960
Confinements at home ..	17	9	9	10	387	137	203	330
Tuberculosis .. .. .	7	7	9	6	437	904	949	764
Chronic Sick (incl. aged and infirm)	799	772	772	670	147,040	138,092	111,068	99,912
Others .. .. .	73	69	70	42	4,256	6,109	5,920	2,755
<b>Total .. ..</b>	<b>896</b>	<b>857</b>	<b>860</b>	<b>728</b>	<b>152,120</b>	<b>145,242</b>	<b>118,140</b>	<b>103,761</b>
<b>Average Annual Hours per case*</b>	<b>170</b>	<b>169</b>	<b>137</b>	<b>142</b>				
<b>Average Weekly Hours per case*</b>	<b>3.2</b>	<b>3.2</b>	<b>2.6</b>	<b>2.7</b>				

\* These averages are based on calculations which assume that the cases are continually attended throughout the year. In practice this is not so, as many cases are on the books for a short period only.

## Section 51—Mental Health

The staff at the end of the year consisted of five Mental Welfare Officers and one trainee. From October one officer was seconded to Manchester University to take the course for Psychiatric Social Workers, and a new officer was appointed and commenced duties on 1st November. Thus there were still four Mental Welfare Officers on a weekly rota basis covering after office and week-end duty calls.

The following tables give details of the work carried out under the Mental Health Act, 1959 :—

### Admissions to Hospitals :

Section 5 (Admissions—Informal) ... ..	405
Section 25 (Observation) ... ..	10
Section 26 (Treatment) ... ..	8
Section 29 (Emergency) ... ..	85
Section 60 (Court) ... ..	7
Discharges ... ..	872
Died ... ..	69

# Home Visits by Mental Welfare Officers :

(a) General enquiries and reports ... ..	2,746
(b) After-Care visits ... ..	1,647
New cases referred to department ... ..	453
Cases awaiting admission to hospitals ... ..	9
Social History Investigations (Psychiatric Patients) ...	66

The table below gives details of hospitals to which patients were admitted and the Acts under which action was taken during the year.

Mode of Admission	HOSPITAL						Total
	Wesham Park	Lancaster Moor	Brock-hall	Calderstones	Royal Albert	Others	
Mental Health Act, 1959:			Perm. Care		Perm. Care		
Section 5 .. ..	247	156	1	—	6	1 (Perm. Care) 2	413
Section 25 .. ..	3	7	—	—	—	—	10
Section 26 .. ..	3	5	—	—	—	—	8
Section 29 .. ..	26	59	—	—	—	—	85
Section 60 .. ..	2	2	—	—	—	3	7
Total .. ..	281	229	1	—	6	6	523

In addition, arrangements were made for mentally subnormal children to be taken into hospital for short-term care with a view to giving the parents a much needed holiday :—

Brockhall ... ..	2
Calderstones ... ..	1
Royal Albert ... ..	25

The Mental Health Act, 1959, has been operative in toto since 1st November 1960. Some of the results of this piece of legislation are as follows :—

- Out patient clinic attendances increase yearly.
- New referrals show an increase over the 1962 figure of 59.
- The increase in the number of cases maintained in the community as part of the Act's programme of community care is reflected in the fact that domiciliary after-care visits doubled the previous year's figure and all visits rose by 832.
- A slight decrease in the number of cases dealt with by remand from the courts.

There has been an overall decrease in the number of patients admitted to hospital both informally and on order, due probably to more effective community care as much as to the continued shortage of beds. Geriatric cases are still the focal point in this respect, and acute beds remain blocked by elderly patients whose discharge cannot be effected because they cannot be absorbed by relatives or by other services providing accommodation for those no longer requiring nursing care. Waiting lists for old people continue to lengthen as seen by the extension of the period from notification to admission to approximately 13 months.

Co-operation between the hospital service and the local authority Mental Welfare Officers is particularly good and proves a real example of an integrated service. Liaison is maintained by :—

- Case Conferences. One is held at Lancaster Moor Hospital on each Thursday p.m. and one officer attends. The list of Blackpool cases is gone through with the consultant and senior ward nurses and patients are seen. Information and requests both from patients and doctors are brought back to the section and recorded, action, where necessary, being taken, e.g. over discharge; admission, social problems etc. A second case conference, held every Friday morning, is attended by all



available officers. Here, with officers from Health Division No. 3, the area Disablement Resettlement Officer, nursing and occupational therapy staff, patients are discussed individually, treatment lists, admissions and discharges and social problems thoroughly investigated.

A third conference takes place on Wednesday morning at Belmont House, where one officer confers with the consultant adviser, the warden and the Disablement Resettlement Officers about the residents of the hostel.

(ii) Visits to hospitals take place frequently in order that the progress of patients may be unhampered by stressful social problems and contact with society not restricted or lost.

(iii) Reports and case histories are submitted to the consultants to assist them in forming a clearer picture of the complexity of inter-personal relationships of patients in their social milieu.

(iv) Direct contact is maintained with the consultants through the medium of clinics held at Wesham Park Hospital, Blackpool Victoria Hospital, and the Health Centre. Both consultants are readily accessible and are truly available for discussion of problems.

(v) Group therapy sessions continued to be held on Wednesday evening at Belmont House until October, when the group was dissolved and later reassembled under the guidance of the Psychiatric registrar, Wesham Park Hospital.

### CARE OF SUBNORMALS

This also has been affected by the 1959 Act and the difficulty of obtaining beds for long term care has increased. However, visiting is now on a voluntary and non-statutory basis and is possibly much more effective for this reason. Many families have been helped in the problems of maintaining their subnormal children at home, especially by short term care in the Royal Albert Hospital, Lancaster.

The Blackpool Society for Mentally Handicapped Children has continued to give a great deal of support in this field by running a social club and sheltered workshops.

#### Junior Training Centre

The establishment of the Centre remained unchanged, but Mrs. Griffiths retired by reason of ill-health after 12 years' service, and Miss Parr terminated after 11 years' service.

The number of children on the register at the end of the year was :—

Male : 35

Female : 24

The school opened on 197 days when there were 8,892 attendances, giving an average daily attendance of 45.

During the year special vehicles of the Ambulance Service brought 8,256 children to the school, the remainder being brought by parents or making their own way.

The transport of the children to the school still presents a number of difficulties. Two ambulances are making two journeys north and two journeys south and these take from 8 a.m. to approximately 10-10 a.m. calling from door to door to convey all the children to school. For this reason class training and all school activities start late in the morning, as there is still a certain amount of time spent on arrival in changing shoes and taking off outdoor clothes. In consequence a group of the children are missing television school programmes for the retarded or backward child, which greatly assist in the training of the children and awakening their interest in many practical things.



In the evening the ambulances start their journeys home at approximately 3-30 p.m., but again owing to the length of time involved the children do not arrive home until 5 p.m. or even later, thus making their school day even longer than that of the normal school child. Any means of improving the method of transport would be worth while so far as the school is concerned, but unfortunately, as in every other project, the cost of improving the service must be considered.

One student from the N.A.M.H. Diploma course completed her period of practical training.

A great deal of interest has been shown in the school, and numerous requests throughout the year were made by individuals and bodies to visit the school.

Notable amongst those who came this year was Mr. Braine, Parliamentary Secretary to the Ministry of Health. Mr. Kelly, the Chairman of the Isle of Man Health Services Board, together with members, also visited the school.

The usual functions took place, being highly successful with the exception of the Sports Day which was completely "washed out". Parents were therefore entertained indoors and view the display of work of the year. Certificates of merit were awarded to some of the children by Mr. Hodd, the Chief Education Officer, for work displayed at the Schoolchildren's Art Exhibition held at the Grundy Art Gallery.

The Woodlands Parents/Teachers' Group met once every three months, alternating one evening and one afternoon meeting in order to give a chance for all parents to be present at one of the meetings at least. The sole purpose of this Group is the welfare of the boys and girls at the Centre, and to promote better understanding and co-operation between parents and staff.

Of particular interest was the last meeting when a Brains Trust was arranged, and many searching questions were put to the panel. Parents requested a similar function to take place in the near future.

The Blackpool Society for Mentally Handicapped Children continued their kind support, and in addition to an outing when the children were entertained at the Tower Circus, presented a cheque, value £50, for the purpose of playground equipment. This equipment will provide a source of benefit and joy to the children of the school.

### **Psychiatric Club**

This Club continued to be held each Wednesday evening in Woodlands School, and although the weekly attendance has been rather unsatisfactory during the latter part of the year, there was a surprise turn-out at the Christmas Party, when over 250 persons attended.

### **Special Care Unit**

The Ten Year Plan of the local health authority has included the provision of a Special Care Unit which will be annexed to the Woodlands School, and whilst at the present time plans have been prepared, it is not anticipated that building operations will commence until the latter end of 1964. In the meantime the Blackpool Society for Mentally Handicapped Children continue to use the premises at 214, Whitegate Drive for this purpose. The Unit will, of course, when completed, become the complete responsibility of the local health authority.

### **Adult Training Centres**

It is disappointing to report that there has been little progress in this project. Whilst plans have been submitted for approval it is not possible at this stage to forecast the commencement of building operations. Here again the Blackpool Society for Mentally Handicapped Children have stoically continued their work in providing employment for adult mentally handicapped at 214 Whitegate Drive and Marton Tram Depot. It is hoped that the position will be a little more specific when next year's Report is published.

**Residential Accommodation for Mentally Disordered.** (See pages 77 and 78).

## PUBLIC HEALTH ACT, 1936—REGISTRATION OF NURSING HOMES

During the year new regulations were made as to the conduct of Nursing Homes within the meaning of the above Act, and the new Act is now cited as the Nursing Homes Act, 1963.

There appears to be very little in the Act which varies the present procedure already adopted by this authority, but the repealing of Section 192 of the Public Health Act, 1936, will require the registering of certain homes previously exempted.

The list of Nursing Homes with number of beds is shown below.

	No. of Beds	
	Maternity	Others
Ascot Nursing Home, 13 Luton Road .. .. .	—	11
Convent of Our Lady of Wisdom, 575 Lytham Road ..	9	77
Northwood, 19 King Edward Avenue .. .. .	—	12
Inglehurst, 129 Newton Drive .. .. .	—	18
St. Teresa's Nursing Home, 188 Norbreck Road .. ..	—	12
Reads Avenue Nursing Home, 160 Reads Avenue .. ..	—	24
Cleveland Nursing Home, 32 King George Avenue .. ..	—	14
Total .. .. .	9	168

**Agencies for the Supply of Nurses.** During the year there were no applications for registration under the Nurses Agency Regulations, 1961.

## MEDICAL EXAMINATIONS

Medical examinations on behalf of the Local Authority were carried out by the Department's Medical Officers, and details are given below :—

Entrance, etc. ....	947
On behalf of other Local Authorities ...	18
Fitness for work ...	126
Routine, etc. ....	66
Mental Health Act ...	4
Total ...	<u>1,161</u>

An analysis of examinations carried out in 1962 is shown below, and if circumstances and time permit it is proposed to publish also the findings for this year in next year's report.

An analysis of examinations carried out in 1962 is shown below :—

	Total No. Examined for Full Employment	Fit	% Fit	Unfit	% Unfit	Total of Males	Fit	% Fit	Unfit	% Unfit	Total of Females	Fit	% Fit	Unfit	% Unfit
All Departments ..	991	952	96.06	39	3.94	714	682	95.52	32	4.48	227	270	97.47	7	2.54
Airport ..	51	50	98.04	1	1.96	39	38	97.44	1	2.56	12	12	100	—	—
Baths ..	7	7	100	—	—	5	5	100	—	—	2	2	100	—	—
Children's ..	1	1	100	—	—	—	—	—	—	—	1	1	100	—	—
Cleansing ..	73	68	93.15	5	6.85	66	61	92.42	5	7.58	7	7	100	—	—
Education ..	84	79	94.05	5	5.95	41	38	92.68	3	7.32	43	41	95.35	2	4.65
Electrical Services ..	72	69	95.83	3	4.17	71	68	95.77	3	4.23	1	1	100	—	—
Fire ..	24	23	95.83	1	4.17	22	21	95.45	1	4.55	2	2	100	—	—
Health ..	57	57	100	—	—	17	17	100	—	—	40	40	100	—	—
Libraries ..	12	12	100	—	—	1	1	100	—	—	11	11	100	—	—
Parks ..	89	82	92.12	7	7.88	87	80	91.95	7	8.05	2	2	100	—	—
Police ..	38	38	100	—	—	33	33	100	—	—	5	5	100	—	—
Publicity ..	4	4	100	—	—	3	3	100	—	—	1	1	100	—	—
School Meals ..	74	72	97.29	2	2.71	2	2	100	—	—	72	70	97.22	2	2.78
Surveyors ..	142	135	95.97	7	4.93	141	134	95.04	7	4.96	1	1	100	—	—
Transport ..	206	200	97.09	6	2.91	155	150	96.77	5	3.23	51	50	98.04	1	1.96
Treasury ..	17	17	100	—	—	11	11	100	—	—	6	6	100	—	—
Town Clerk ..	16	16	100	—	—	13	13	100	—	—	3	3	100	—	—
Weights & Measures ..	4	4	100	—	—	4	4	100	—	—	—	—	—	—	—
Welfare ..	20	18	90	2	10	3	3	100	—	—	17	15	88.24	2	11.76

This chart shows the state of fitness of all people examined according to department.



1. Under the age of 40 years 2.5% approximately were found unfit, as against 7% over the age of 40 years among manual workers.

The only exception to this was in the Education Department, where 15% of those under 40 years were found to be unfit. This is likely to be due to a high proportion of people on the disablement register who are examined for medical suitability for positions as caretakers and cleaners.

2. The two people found unfit among non-manual employees were both over the age of 40 years.

Incidence of illness according to age :—

Age	—20		21—30		31—40		41—50		51—60		61—65		65+	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Fit (actual number of patients)	129	42	185	42	130	134	80	75	88	41	17	4	2	—
Unfit (actual number of patients)	5	—	2	—	4	9	1	2	9	2	6	—	1	—
Bronchitis and Asthma—														
Indoor ..	0.75%	4.76%	0.53%	—	1.49%	2.47%	2.2%	—	3.19%	2.32%	4.35%	—	33½%	—
Outdoor ..	0.75%	—	1.6%	2.38%	1.49%	2.47%	1.47%	—	—	—	—	—	—	—
Varicose Veins ..	—	2.38%	4.28%	4.76%	5.97%	12.3%	17.64%	22.07%	15.4%	39.53%	21.73%	—	—	—
Visual .. ..	9.0%	16.6%	17.0%	9.0%	14.9%	16.05%	19.4%	2.0%	22.66%	16.28%	34.78%	—	33½%	—
Heart Abnormalities	—	2.38%	0.53%	—	—	—	—	—	3.08%	—	13.04%	—	—	—
Foot Abnormalities	5.22%	—	4.27%	9.52%	6.71%	8.64%	5.55%	11.69%	6.18%	27.9%	—	—	—	—

1. The incidence of bronchitis and asthma found at routine medical examinations ranged between 0.75% to 0.3% according to age.

1. Out of 991 employees examined, approximately 4% had to be rejected on medical grounds. The percentage of unfit males was much bigger than that of females, namely  $4\frac{1}{2}\%$  as against  $2\frac{1}{2}\%$ .

2. The maximum unfitness among male employees was found in the Parks and Cleansing Departments and the non-teaching staff of the Education Department, while the maximum unfitness among females was found in the Welfare Department, where it was approximately 12%.

3. It appears that departments requiring higher qualifications in entrants have very few unfit candidates, e.g. the Children's, Health, Library, Town Clerk, and Treasury Departments had no cases of unfitness.

Analysis of employees medically examined for fitness according to age :—

	Total No. Examined for Full Employment	40 yrs. and Under	Fit	% Fit	Unfit	% Unfit	41 yrs. and Over	Fit	% Fit	Unfit	% Unfit
All Departments	991	615	603	98.05	12	1.95	376	349	92.82	27	7.18

1. The most important point emerging from this chart shows that only 2% of those below the age of 40 years were unfit, while above the age of 40 years this rose to about 7%. This was especially reflected in departments requiring a good deal of manual labour, especially Cleansing, Electrical Services, Parks and Surveyors Departments. It was most striking in the Parks Department, where only 2% of employees under the age of 40 years as against 14% over the age of 40 years were considered unfit.

2. It may also be of note that in the Transport Department this tendency was much less marked, where only 2.3% below the age of 40 years were found unfit and 5.5% over the age of 40 years. It is suggested that this may be due to the fact that conductors and drivers over the age of 40 years, before being employed by the Transport, have been engaged in similar employment previous.

Analysis of fitness for employment according to manual and non-manual employment :—

	Total No. of Manual Examined	Fit	% Fit	Unfit	% Unfit	Total No. of Non-Manual Examined	Fit	% Fit	Unfit	% Unfit
All Departments	821	784	95.49	37	4.51	170	168	98.82	2	1.18

1. It will be seen from this chart that the unfitness rate among manual employees is much higher than that of non-manual, i.e.  $4\frac{1}{2}\%$  as against 1%, in fact only 2 people applying for non-manual employment were found to be unfit.

Analysis of manual and non-manual patients fit for employment according to age :—

	Total No. of Manual Examined	40 yrs. and Under	Fit	% Fit	Unfit	% Unfit	41 yrs. and Over	Fit	% Fit	Unfit	% Unfit
All Departments	821	477	465	97.48	12	2.52	344	319	92.73	25	7.27

	Total No. of Non-Manual Examined	40 yrs. and Under	Fit	% Fit	Unfit	% Unfit	41 yrs. and Over	Fit	% Fit	Unfit	% Unfit
All Departments	170	138	138	100	—	—	32	30	93.75	2	6.25

2. The incidence of varicose veins rose with age, and is considerably higher in females than in males.
3. The disturbing factor noted was the high incidence in visual disturbances, reaching a peak of at least 35% in people over the age of 60 years.
4. Another disturbing factor is the high incidence of foot abnormalities, where it was found that 10% of all females and 5% of all males had some abnormality.
5. The only age at which there is significant cardio vascular abnormality discovered at routine medical examinations was in people over the age of 60 years.
6. Routine urine examinations were carried out in all patients, but very little abnormality found.

### **Main Causes of Unfitness among Patients found at Routine Medical Examinations**

39 patients were found permanently unfit, of which 13 were suffering from cardio-vascular disease, 7 visual disturbances, and 6 orthopaedic conditions.

### **Blood Pressure :**

Investigations were made into the findings of raised blood pressure in patients examined. This showed the well-known fact that there is an increase of blood pressure according to age, but perhaps the most interesting, it also showed that the majority of patients had no symptoms referable to raised blood pressure. In 52 patients where a diastolic pressure was found to be above 90, 36 had no symptoms.

### **Special Medical Examinations**

In addition to routine medical examinations, 137 special medical examinations were carried out at the request of the various departments.

It is notable that of the 112 male employees sent for this examination, 54.4% were found to be permanently unfit, i.e. "incapable of discharging duties with efficiency by reason of permanent ill-health", while of 25 females examined, 24% were similarly unfit.

Great credit is due to all departments concerned because it indicates that no trivial matters are brought to the attention of the Health Department staff, and if a patient is sent for investigation his illness must be a major one.

Unfitness of these patients was mainly due to cardio-vascular disease, 42.7%; respiratory disease, 22%; and psychiatric conditions 11%. It is of considerable interest that no employees were found permanently unfit to continue employment with the Corporation due to an accident.

## **WELFARE SERVICES—NATIONAL ASSISTANCE ACT, 1948**

**Section 47.** No cases were brought to the attention of the department as requiring any action under the section.

### **EPILEPTICS AND SPASTICS**

The care of adult epileptics and spastics over school leaving age is the responsibility of the Welfare Department.

The Director of Welfare Services informs me that in accordance with the scheme for the provision of welfare services for handicapped persons made under Section 49 of the National Assistance Act, 1948, a register of such persons has been compiled and at the 31st December, 1963, there were 34 adult epileptics and 17 adult spastics included in the register.



Included in this number on the 1st January, 1963, there were 13 epileptics maintained in epileptic colonies, and during the year there were two new admissions and two discharges, making a total of 13 maintained at the end of the year.

The position with regard to epileptics and spastics of school age and under is tabulated below :—

<b>Epileptics (including Petit Mal)</b>						Boys	Girls	Total
In Residential Schools	...	...	...	...	...	4	—	4
Attending Open-Air School	...	...	...	...	...	2	—	2
In Day Special School for E.S.N.	...	...	...	...	...	1	—	1
Attending Ordinary Schools, under observation	...	...	...	...	...	14	13	27
Excluded—to have further trial period in school after review	...	...	...	...	...	—	—	—
Under School age	...	...	...	...	...	2	1	3

### Spastics

Attending Open-Air School	...	...	...	...	...	7	3	10
Attending Ordinary Schools (mild cases)	...	...	...	...	...	2	1	3
At Home, having Home Tuition	...	...	...	...	...	2	1	3
At Home, pending admission to Assessment Centre	...	...	...	...	...	—	—	—
At Home, awaiting probable notification under Section 57 of the Education Act	...	...	...	...	...	—	—	—
Under School age	...	...	...	...	...	—	2	2

**Blind and Partially Sighted Persons.** The Director of Welfare Services informs me that at the 31st December, 1963, the total number on the register was as follows :—

Blind Register			Partially Sighted Register		
Male	...	170	Male	...	58
Female	...	266	Female	...	117
		<u>436</u>			<u>175</u>

Children of school age and below are reported on as follows :—

<b>Blind</b>						Boys	Girls	Total
At Home, having Home Tuition	...	...	...	...	...	1	—	1
In Residential Schools	...	...	...	...	...	—	1	1
Under School age	...	...	...	...	...	—	—	—

### Partially Sighted

Attending Day Special School for E.S.N.	...	...	...	...	...	1	—	1
Attending Open-Air School	...	...	...	...	...	2	—	2
Attending Ordinary Schools, under observation	...	...	...	...	...	3	3	6
Under School age	...	...	...	...	...	—	—	—
In Residential School for Partially Sighted	...	...	...	...	...	1	—	1

## Follow-up of Registered Blind and Partially Sighted Persons

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
<b>BLIND:</b>				
(i) Number of cases registered as blind during the year ended 31st December, 1963, in respect of which Section F. of Forms B.D.8 recommends:—				
(a) No treatment .. .. .	4	3	—	16
(b) Treatment (medical, surgical, optical or hospital supervision) .. .. .	9	—	—	5
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment .. .. .	1	—	—	5
(iii) Number of cases at (ii) above in which:				
(a) Vision improved .. .. .	3	—	—	—
(b) Sight restored .. .. .	—	—	—	—
(c) Treatment continuing at end of year .. .. .	1	—	—	5
<b>PARTIALLY SIGHTED:</b>				
(i) Number of cases registered as partially sighted during the year ended 31st December, 1963, in respect of which Section F. of Forms B.D.8 recommends:—				
(a) No treatment .. .. .	10	1	—	12
(b) Treatment (medical, surgical, optical or hospital supervision) .. .. .	11	2	—	5
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment .. .. .	2	2	—	5
(iii) Number of cases at (ii) above in which:				
(a) Vision improved .. .. .	1	—	—	—
(b) Sight restored .. .. .	—	—	—	—
(c) Treatment continuing at end of year .. .. .	1	2	—	5

### Ophthalmia Neonatorum

(i) Total number of cases notified during the year .. .. .	18
(ii) Number of cases in which:—	
(a) Vision lost .. .. .	—
(b) Vision impaired .. .. .	—
(c) Treatment continuing at end of year .. .. .	—

## CREMATATIONS

The Medical Officer of Health, Deputy and one Assistant Medical Officer are authorised under the Cremation Act to issue certificates giving permission to cremate. Applications to cremate at the Blackpool Crematorium numbered 2,171; of these 1,183 were in respect of Blackpool residents.

There was a total decrease of 468 as compared with last year but a decrease of 77 so far as Blackpool residents were concerned.

The table below shows the trend of applications for cremation over the past five years :—

	1963	1962	1961	1960	1959
All applicants .. ..	2,171	2,639	2,526	2,382	2,458
Blackpool residents ..	1,183	1,260	1,174	1,068	1,093

The startling decrease in number for this year can be justified by the opening of three new crematoria serving towns, i.e., Preston, Barrow and Lancaster, which previously applied to Blackpool.

The number of burials varied little and show a decrease of 13 on last year.

1963	1962	1961	1960	1959
843	856	748	790	756

## HEALTH EDUCATION

Efforts have been made during the year towards all forms of Health Education: the individual instruction by health visitors in the homes and more formal methods in the clinic such as discussion groups, talks, small exhibitions, demonstrations and poster displays.

The introduction of an appointments system at clinics has, by curtailing waiting time, unfortunately also limited the time available to Health Visitors for the formal methods of teaching and other means have been explored.

It is apparent that in the future, programmes should be geared to powerful mass media, because it was noted during the year that the press publicity, radio and television programmes often dictated the demand for information on a particular subject, and in fact acted as a stimulus.

Requests were received from clubs and other organisations for speakers on the subjects of smoking in relation to lung cancer and venereal disease, and the Sunday evening programmes for adolescents "The Younger Generation" prompted requests from head teachers of secondary modern schools and youth club leaders for information regarding sex education and venereal disease.

The mobile unit of the Central Council for Health Education was used for a campaign against smoking, and visited schools in the town. Posters on this subject supplied by the Ministry of Health were distributed to all departments of the local authority and industrial premises.

Accepting the fact that example is better than precept, members of the Health Department staff co-operated by not smoking in places to which the public has access, and several gave up the habit completely.



## SMOKING AND LUNG CANCER

The main effort has up to now been directed at school children. In addition, however, displays and posters have been shown in the clinics and Health Visitors have included this topic in the health education programme. Posters have been displayed in public buildings, i.e. the Town Hall, and book marks drawing attention to the dangers of smoking were distributed in the library. In this connection it has been found that poster DC.77 issued by the Central Council for Health Education has been particularly effective.

A number of lectures were given to church organisations and Youth Clubs, and a Central Council for Health Education film was also shown. The attendances, however, at these meetings left much to be desired.

The mobile unit of the Central Council for Health Education came to Blackpool for the period 4th to 15th March, accompanied by two lecture demonstrators, and an intensive campaign was carried out during this period. Programmes for schools and youth organisations were arranged in order to derive the maximum benefit from this visit.

The Assistant Medical Officers report that many expectant mothers have given up smoking during their pregnancy, but there are no records to show whether their non-smoking will be carried on after the birth of the child.

## BLACKPOOL HOME SAFETY COMMITTEE

During the last twelve months the Blackpool Home Safety Committee has maintained its activities in an attempt to educate the public in how accidents in the home can be avoided, and in this they have received valued assistance from members of the Committee, the Fire Brigade, Police, North Western Gas Board, and many others.

The Committee were fortunate enough to have space allocated at the following for the distribution of literature.

The Northern Hotel and Catering Trades Exhibition held at the Winter Gardens in February.

The Do-it-Yourself and Homemaker Exhibition held at the Winter Gardens in April.

Bispham Gala in July.

The thanks of the Committee are due to the promoters of all these functions for so generously allocating exhibition space.

Talks to voluntary bodies have also been given.

A Mannequin Parade was held on the Committee's behalf by R. H. O. Hills to raise funds. Grateful thanks are due to Mr. Stuart of R. H. O. Hills for his help on this and many other occasions.

When it was learned that there was not to be a National Home Safety Week this year, the Committee decided to have their own Home Safety Week from 28th October to 1st November, and were most fortunate in receiving the offer of the loan of a fully furnished house, No. 2 Brunswick Street, by Mrs. H. Moore. This house was equipped and set out indicating how accidents can happen, and film shows were given daily. The effort put into this particular week was well rewarded by the interested response from the public generally and organised school parties who visited the house, and an average of 100 per day were shown through. This no doubt has been the highlight of the Committee's efforts during the past year, and it is intended to have something similar as a follow up during the next twelve months.

A Walt Disney film entitled "How to have an accident in the home" has been obtained, and this has been most useful and appreciated by the audiences who have seen it. I would say that this film has done much more good than the wholesale distribution of literature. It is hoped the Committee's finances will in due course enable other films to be obtained.

Once again it is unfortunate that there was a limited budget with which to work, but it is hoped that as time goes on the Council grant will be increased to enable the Committee to be more active in this most important task of trying to prevent Home Accidents.

The daily press is now drawing attention to the unfortunate accidents which occur, involving children wearing inflammable nightdresses, and in this respect it is felt that the Government will be forced to act in legislating against the sale of such nightwear.

Reduction in the number of bangers sold for use on Guy Fawkes Night is also further evidence of the growing effectiveness of the Home Safety movement, indeed the safety campaign locally succeeded in keeping the number of casualties to the low figure of three. The year is therefore one in which it can be claimed that progress has been made.

A further hazard which needs attention is the increasing use of small boats manned by inexperienced persons, but it is felt that a more effective way of throwing out lifelines to a person in difficulties could be evolved. The existing equipment does not appear to have changed in the last 50 years, and to be used effectively. skill, strength and training are required. These attributes are not always possessed by the person on the spot when the emergency arises. This is a challenge to the modern inventor.

When one looks at the figures of Blackpool cases dealt with at the Victoria Hospital during 1963 one realises the enormity of the problem facing the Committee :—

Year	Number of accidents causing scalds to persons				Number of accidents causing burns to persons				Number of other accidents, falls, etc.			
	Under 5 years	5-64 years	65 years and over	TOTAL	Under 5 years	5-64 years	65 years and over	TOTAL	Under 5 years	5-64 years	65 years and over	TOTAL
1963 ..	24	44	10	78	44	87	14	145	396	1,004	223	1,623
1962 ..	21	42	4	67	22	62	9	93	371	1,093	328	1,792

## TEN YEAR PLAN—LOCAL AUTHORITY HEALTH SERVICES

It will be recalled that in the 1962 Report, the original Ten Year Plan was outlined, but in view of the request from the Ministry of Health that Local Health Authorities were to review their requirements, the following revised plan was submitted.

There is very little variation in the original plan, but with rising costs the figures in general are higher. Efforts have been made to keep to the programme but unfortunately the inevitable delays already have upset the proposed opening dates. All the first named projects are in hand, but at the end of the year no appreciable progress can be reported.

## List of Projects

Financial Year	Projects	Location	Need	Total Cost of Project	Effect on Annual Net Revenue Expenditure
1963-64	Mental Health Hostel for the Aged.	Ferguson's Nurseries, Whitegate Drive, Blackpool. 30 places.	New provision. Urgently required to meet the demand for accommodation for aged mentally infirm. To provide both residential and day accommodation.	£70,050	£13,000
	Adult Training Centre and Care Unit.	St. Walburgas Rd., Blackpool.	New provision, Urgently required to replace two pilot schemes being run by the Blackpool Society for Mentally Handicapped Children on a voluntary basis and to provide accommodation for 70.	£71,525	£11,250
1964-65	Creche for Mentally Handicapped Children.	Extension to Woodlands School (present Junior Training Centre), Whitegate Drive, Blackpool. 12 places.	New provision. This Creche will replace Creche being run by Blackpool Society for Mentally Handicapped Children on a voluntary basis for two half-days per week, which is totally inadequate.	£11,675	£1,725
	Combined Maternity & Child Welfare & School Clinic.	Abbey Road, Blackpool. To serve the southern area of the town. Estimated pop. 20,000.	Replacement. This Clinic will replace sessions held at present weekly in unsatisfactory church hall for maternity and child welfare purposes, a separate dental clinic and a separate school clinic, all housed in school premises.	£36,080	£2,250
1967-68	Day Nursery.	Municipal Health Centre, Whitegate Drive, Blackpool. 25 places.	Replacement. This Nursery will replace existing Nursery which is a wooden structure built during the 1914-18 war, and is rapidly deteriorating.	£20,700	£2,050
1968-69	Mental Health Hostel.	Site not yet finally decided. 30 places.	Replacement. The present hostel, Belmont House, Lytham Road, Blackpool, was established on an experimental basis for five years, to gain experience of this new type of vision by local authorities. The premises are not structurally of the best, or sound.	£67,150	£4,365
1969-74	Maternity & Child Welfare Clinic, Anchorsholme.	Haddle House Estate, Anchorsholme. Estimated population 15,000.	New provision. This clinic is to serve a rapidly expanding district at the most northerly end of the town.	£20,500	£1,980



Financial Year	Projects	Location	Need	Total Cost of Project	Effect on Annual Net Revenue Expenditure
1969-74	Ambulance Station.	Site not yet chosen. To provide accommodation for 24 vehicles.	Replacement. The present accommodation is in a rented portion of one of the Central Transport garages and does not provide satisfactory accommodation for staff.	£61,500	£4,150
	Maternity & Child Welfare Clinic, Mereside.	Bowness Avenue, Mereside.	Replacement. The present clinic, which is an old church hall, formerly used as a school, is too small to provide satisfactory clinic facilities, and a new structure on the same site is required.	£27,000	£2,150
	Hostel for Pupil Midwives.	Site not yet chosen. Accommodation for resident Warden and 12 pupils.	It is considered that the future training of Pupil Midwives will necessitate the Authority establishing a Hostel for the accommodation of pupils.	£30,250	£4,900

### Estimated Net Revenue Expenditure

Service	Actual 1962/63	1963/64	1964/65	1965/66	1966/67	1967/68	1968/69	1973/74
Health Centres .. ..	—	—	—	—	—	—	—	—
Care of Mothers and Young Children .. ..	25,109	26,220	27,000	30,200	30,000	30,650	31,450	36,500
Midwifery, including expenditure as Local Supervising Authority .. ..	11,654	13,710	14,955	15,455	16,000	16,500	18,000	23,700
Health Visiting .. ..	14,790	16,170	17,870	21,200	23,420	25,640	27,860	34,560
Home Nursing .. ..	23,251	29,010	33,650	36,700	37,725	38,750	40,800	45,925
Vaccination & Immunisation	1,798	1,040	1,750	1,750	1,750	1,750	1,750	1,750
Ambulance Service .. ..	45,478	48,540	55,300	61,650	59,650	60,000	64,000	76,200
Prevention of Illness, Care and After Care (excluding Mental Health) .. ..	1,101	1,185	4,135	5,185	6,735	7,235	7,500	10,250
Domestic Help .. ..	30,062	35,156	46,000	55,850	64,850	69,350	74,700	97,200
Mental Health .. ..	24,711	30,460	33,525	43,300	58,400	58,725	60,000	64,300
Expenditure under other enactments and on general administration .. ..	17,585	18,370	20,005	21,180	21,985	22,485	22,985	25,485
Expenditure on local health services not reckonable for general grant .. ..	4,850	4,994	5,144	5,150	5,150	5,150	5,150	5,150
Total for Local Authority Health Services .. ..	200,389	224,855	259,334	297,620	325,665	336,235	354,195	421,020

## Staff

Category of Staff	Actual whole time at 31.12.63	ESTIMATED REQUIREMENTS (Whole-time Equivalent)					
		31.12.64	31.12.65	31.12.66	31.12.67	31.12.68	31.12.73
MEDICAL AND NURSING							
Doctors .. .. .	3	3	3.5	3.5	3.5	4	4
Dentists .. .. .	0.5	0.5	0.5	0.5	0.5	0.5	1
Midwives .. .. .	7	8	8	8	8	9	10
Supt. Health Visitor and Deputy .. .. .	0.6	0.6	0.6	0.6	0.6	0.6	1.3
Health Visitors .. .. .	13	15	18	20	22	24	29
Supt. Nursing Officer and Deputy .. .. .	1	1	2	2	2	2	2
Home Nurses .. .. .	29	31	33	34	35	37	42
Day Nursery .. .. .	3	3	3	3	3	3	3
Clinic Nurses .. .. .	2	2	2	2	2	3	3
AMBULANCE							
Ambulance Officer .. .. .	1	1	1	1	1	1	1
Station Officer .. .. .	1	1	1	1	1	1	1
Shift Leaders .. .. .	4	4	4	4	4	4	4
Drivers/Attendants .. .. .	38	40	44	44	44	46	52
MENTAL HEALTH							
Sen. Mental Welfare Officers	—	1	1	1	1	1	2
Mental Welfare Officers ..	5	4	5	6	6	6	6
Trainees .. .. .	1	1	1	—	—	—	—
Junior Training Centre and Creche .. .. .	6	6	8	8	8	8	8
Adult Training Centre .. ..	—	—	6	6	6	6	6
Mental Health Hostel (Belmont House) .. ..	4	4	5	5	5	5	5
Mental Health Hostel (Aged)	—	—	5	5	5	5	5
OTHER STAFF							
Physiotherapists .. .. .	0.5	1.5	1.5	1.5	1.5	2	2
Occupational Therapists ..	—	1	1	2	2	2	3
Home Help Organiser and Deputy .. .. .	2	2	2	3	3	4	4
Home Helps .. .. .	90	110	130	150	160	170	220
Chiropodists .. .. .	1.7	2	3	4	4	4	6
Admin. Staff .. .. .	18	20	22	23	24	26	28
Speech Therapists .. .. .	1	1	1	1	2	2	2

**Residential Accommodation for the Mentally Disordered.** The 30 place Hostel, known as Belmont House and situate in Lytham Road and south of the town, continued to serve a useful purpose in providing temporary accommodation for patients discharged from hospital and due for a transit period before being discharged to normal life.

There has been no variation in the Establishment, but during the year Mr. and Mrs. Hunt resigned their position as Warden and Manageress and Mr. and Mrs. Voolley who had been deputising were appointed to the vacated positions.

All posts were occupied at the end of the year.

The following shows the movement of patients during the year :—

(a) Number of patients in residence at 31/12/63 .. .. .	24
(b) Number of patients who have passed through hostel in 1963 ..	83
(c) Number of patients from other authorities included in (a) ..	4
Number of patients from other authorities included in (b) ..	* 14

\* 12 patients admitted at request of Lancashire County Council.

2 patients admitted at request of West Riding of Yorkshire.

The numbers above include patients who have left the hostel and have been readmitted even in the same year. The lengths of time in residence vary from one year to only one day.

The number of patient days was 7,303, giving an average daily attendance of 20.

Mr. Woolley, the Warden, reports that the Mental Health Hostel maintained a steady rate of admissions and a number of the residents obtained situations and gave satisfactory service. Those who have been unable to obtain situations have been encouraged to assist in the running of the hostel by doing any work for which they may be considered suitable. Some measure of work values is given in determining the stage for further advancement either in accommodation or type of work. The Disablement Resettlement Officers assist in the latter.

There were 83 admissions, 80 discharged, 18 returned to hospital, 29 in employment; 2 were transferred to centres for rehabilitation.

Each week visits were made by Psychiatrists and Doctors. Cases were discussed and recommendations made.

Recreational facilities have been made available in the form of cards, dominoes, etc., and table tennis facilities could be enjoyed by the more vigorous. Library books could be obtained on request and radio and television programmes have been very popular. Concerts have been a regular feature and other entertainments have been provided in order to help in the rehabilitation of the residents.

## **PUBLIC HEALTH ACT, 1936**

### **PUBLIC HEALTH LONDON ACT, 1936**

#### **Public Swimming Baths**

The Baths Superintendent has kindly furnished the following information :—

**The Open Air Bath.** Built 1923, maximum length 376 ft., maximum width 172 ft.; championship area 33 ft. x 75 ft.; capacity 1,600,000 galls.; spectators accommodation 5,000; source of water supply—pumped from the sea through the 900 ft. x 8 in. intake pipeline, in an effort to obtain selective water, into a 500,000 galls. settling tank. The water is allowed to settle for a pre-determined period of a minimum of 8 hours and is treated with a regulated dosage of chlorine, it is then filtered through 4 gravity-fed filters at a turn-over rate of approx. 8 hours.

**Derby Bath.** Main pool 165 ft. x 55 ft.; capacity 485,000 galls.; spectators accommodation 2,000; learners' pool 33 ft. x 33 ft.; capacity 17,000 galls.; source of water supply—pumped from the sea into two settling tanks 120,000 galls. capacity prior to filtration; turn-over rate—main pool approx. 3 hours, learners' pool approx. 2 hours.

There are diving boards in the two above establishments of international standard type up to 10 metres.

**Cocker Street Bath.** 81 ft. x 24 ft.; capacity 60,000 galls.; source of water supply—from the Sea-Water Works, through our filtration plant; turn-over rate approx. 5 hours.

**Lido Pool.** 100 ft. x 40 ft.; capacity 135,000 galls.; source of water supply—town-main supply (fresh water); turn-over rate approx. 4½ hours.

Before entering the filters, in all the above establishments, the water is chemically treated with alumina and soda by means of open-type coagulation plants. The chlorine gas process admits of easy and accurate adjustments to meet the varying needs of the swimming pool, and we maintain the "Free Chlorine Content" to comply with the Ministry's standards for marginal chlorination 0.2 p.p.m. to 0.5 p.p.m. to ensure accurate control.

A special feature of the swimming bath water circulation system at the Derby Bath is the multiple inlets and outlets water withdrawal and distributing arrangement, which ensures pure water over the whole of the area of the bath.



Colorimetric tests are taken four times per day at all establishments, other than peak periods when tests are taken more frequently. The units at present in use, in each case, are the B.D.H. Lovibond Comparators with the requisite chlorine and pH disc indicators; ortho-tolidine and phenol red are used as the reagents.

Periodical bacteriological examination of the water at each establishment is carried out under the direction of the Medical Officer of Health.

### WATER SUPPLY

The Authority responsible for the water supply in Blackpool is the Fylde Water Board, and the Engineer of the Board has been good enough to furnish the following information :—

Water supplied to Blackpool is collected at two sources : (a) from watersheds at Barnacre, and (b) at Stocks on the River Hodder, and is satisfactory both in quantity and quality. At both these head works, upland surface water is collected and stored in reservoirs. The watershed at Barnacre is free from human habitation and at Stocks the Fylde Water Board owns the watershed and controls all operations on it.

During the Summer months the water from Barnacre was augmented by water pumped from a new borehole at Garstang, and the water from Stocks augmented by borehole water from Broughton. This water is excellent in quality but is somewhat harder than the upland water and the effect of this is shown in the chemical analyses set out later in this report.

Bacteriological examinations have been made throughout the year of both the raw water and treated water, and the results are as below :—

Source of Sample					Number examined	Ave. No. of Coliforms Organisms/ 100 mls.	Average No. of colonies growing in Yeastral Agar	
							in 2 days @ 37°C. per 1 ml.	in 2 days @ 22°C. per 1 ml.
<b>RAW WATER</b>								
Hodder ... ..					12	20	4	60
Barnacre ... ..					11	20	6	34
<b>TREATED WATER</b>								
<b>Hodder</b>								
Marton, Head Office								
Warbreck Reservoir ...					36	Nil	1	3
<b>Barnacre</b>								
Warbreck Tower,								
108 Cornwall Avenue ..					24	Nil	2	6

A further summary of figures for water going into supply is as follows :—

Source of Sample				Aerobic micro-organisms growing in Yeastral Agar No. of colonies per ml. of sample	
				in 2 days @ 37°C.	in 3 days @ 22°C.
				No. free from	
				Coliform	% Satis-
				Organisms	factory
57 Lomond Ave., Marton	12	12	100	1	3
Head Office, Sefton St. ...	12	12	100	2	3
Warbreck Tower ...	12	12	100	1	6
Warbreck Reservoir ...	12	12	100	1	2
108 Cornwall Avenue ...	12	12	100	3	7

# FYLDE WATER BOARD

## CHEMICAL ANALYSIS

Appearance	Raw Water Stocks Reservoir	Raw Water Barnacre Reservoir	Winter Supply	Summer Supply	Summer and Winter Supplies	Winter Supply	Head Office	Winter Supply	Summer Supply
	Yellow with some suspended matter	Slightly 3 yellow with some suspended matter	Warbreck Reservoir	Warbreck Reservoir	Marton	Head Office	Warbreck Tower and 108 Cornwall Avenue	Warbreck Tower and 108 Cornwall Avenue	Warbreck Tower and 108 Cornwall Avenue
Colour (Hazen p.p.m.Pt)	48	15	5	5	4	5	5	4	4
Turbidity (p.p.m. Silica)	2	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Odour	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Taste	—	—	Normal	Normal	Normal	Normal	Normal	Normal	Normal
Reaction pH value	6.9	6.6	7.6	7.6	8.5	8.0	7.6	8.5	7.5
Residual chlorine	—	—	0.04	0.08	p.p.m.	0.04	0.05	0.18	0.15
Free & Saline Ammonia as N <sub>2</sub>	0.06	0.10	0.20	0.12	0.11	0.20	0.12	0.11	0.09
Albuminoid Ammonia as N <sub>2</sub>	0.33	0.03	0.16	0.06	0.05	0.16	0.06	0.05	0.03
Nitrous Nitrogen as N <sub>2</sub>	0.001	Nil	0.002	Nil	Nil	0.002	Nil	Nil	Nil
Nitric Nitrogen as N <sub>2</sub>	0.74	0.30	0.28	0.45	0.28	0.28	0.45	0.28	2.2
Oxygen absorbed 4 hrs. at 27°C	4.0	1.3	0.70	0.50	0.98	0.70	0.50	0.98	0.4
Free Acidity as CO <sub>2</sub>	5	5	5	5	5	5	5	5	5
Carbonate Hardness as CaCO <sub>3</sub>	26	10	18	35	9	18	40	9	66
Total Hardness as CaCO <sub>3</sub>	39	23	41	65	30	41	70	30	83
Non-Carbonate Hardness as CaCO <sub>3</sub>	13	13	23	30	21	23	30	21	17
Excess Alkalinity as CaCO <sub>3</sub>	Nil	Nil	—	—	—	—	—	—	—
Calcium as CaCO <sub>3</sub>	30	16	33	54	20	33	58	20	69
Magnesium as CaCO <sub>3</sub>	9	7	8	11	10	8	12	10	14
Total solids dried at 180°C	90	57	94	125	73	94	130	73	140
Chloride as Cl	13	11	10	13	10	10	13	10	14
Sulphate as SO <sub>4</sub>	18.0	13.4	21.0	26.0	19.5	21.0	26.5	19.5	17.0
Lead as Pb	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Manganese as Mn	Nil	Nil	0.02	0.04	Nil	0.02	0.04	Nil	Nil
Copper as Cu	0.01	Nil	0.01	0.01	Nil	0.01	0.01	Nil	Nil
Iron as Fe	0.32	0.35	0.04	0.08	0.04	0.04	0.08	0.04	0.02
Aluminium as Al <sub>2</sub> O <sub>3</sub>	Nil	Nil	0.22	0.10	0.12	0.22	0.10	0.12	0.06

The raw waters are liable to plumbosolvency, and in consequence they are treated with lime after coagulation and pressure filtration to a pH value which gives a positive Langelier index of corrosion. No lead has been found in samples examined.

No action has been necessary throughout the year, as no contamination has been encountered.

The level of fluoride in water supplied to the town is very low, i.e. less than 0.05 p.p.m. as F, and this is well below the optimum figure for the prevention of dental caries.

## SEWERAGE OF THE BOROUGH

The scheme for the abolition of cesspools in the Marton area continued throughout the year, but on only 4 occasions did owners of property take advantage of the Council's assisted scheme to have their drains connected to the main sewers. In cases such as these £10 is contributed towards the cost of having the private drains connected to the main sewer.

The Director of Cleansing reports that 164 pail closets and 35 cesspools were emptied regularly by his department.

The Borough Surveyor has kindly given the following details on the present and future drainage works :—

### a) Works of Sewerage and Sewage Disposal carried out in 1963.

- (1) Continuation of the Central Area Drainage Scheme involving the construction of 5 miles of sewers from 30" to 108" dia. in tunnel.
- (2) Continuation of the Reconstruction of Manchester Square Pumping Station.
- (3) Commencement of Marton Moss Drainage Scheme Stage 2 involving the construction of approximately  $4\frac{1}{2}$  miles of 9" to 30" dia. sewers and 3 small pumping stations.
- (4) Construction of 450 lin. yds. of 18" to 21" dia. sewer between Buttermere Avenue and Kipling Road.
- (5) Investigations in connection with new sea outfall at Manchester Square and further main drainage schemes.

### b) Works of Sewerage and Sewage Disposal proposed to be carried out in 1964.

- (1) Completion of Central Area Drainage Scheme (a) (1).
- (2) Continuation of Reconstruction of Manchester Square Pumping Station (a) (2).
- (3) Completion of Marton Moss Drainage Scheme (a) (3).
- (4) Commencement of the Central Drive Trunk Sewer Scheme involving the construction of sewers up to 120" in dia. in tunnel (a) (4).
- (5) Provision of sewers for future development.

### c) Proposed Future Works of Sewerage and Sewage Disposal.

- (1) Continuation of Manchester Square Pumping Station Reconstruction and Central Drive Trunk Sewer.
- (2) Provision of additional plant at pumping stations.
- (3) Construction of a new sea outfall to deal with storm flows at Manchester Square.

The schemes at present in hand and proposed will provide reasonably adequate facilities for sewerage and sewage disposal.

## REFUSE, ETC., COLLECTION—1963

This work is carried out by the Cleansing Department of the Corporation.

I am informed by the Director of Public Cleansing that the yield of refuse this year was very similar to the previous year. There was very little change in the holiday season activities.



The Refuse Disposal Works was still closed for the first six months of the year for alterations and the construction of a Trade Waste Incinerator.

On 24th September, 1963, a new Weighbridge at the Refuse Tip was brought into use for the first time. This revealed a tonnage of 14,454 of clay, soil, rubble, etc., during the last three months of the year, in addition to the ordinary refuse brought by private traders, included in the figure below.

The amount of refuse dealt with at the Refuse Disposal Works was 14,454 tons, whilst 50,960 tons were tipped away, and 1,110 tons of night soil were removed.

Approximately 45 tons of sewage were removed from sumps, etc., at the Royal Lancashire Agricultural Show.

## SANITARY INSPECTION OF THE BOROUGH

This section of the Annual Report, and the following sections dealing with Housing, Rodent Control and Disinfestation, General Food supply and Prosecution give details of the variety of functions undertaken by the Chief Public Health Inspector and his staff.

### ENVIRONMENTAL HYGIENE—STATISTICS

#### Complaints Received :

Verbal	...	...	...	...	...	...	...	...	3,255
Written	...	...	...	...	...	...	...	...	645

#### Visits and Inspections during Year :

##### Ash Receptacles :

Satisfactory	...	...	...	...	...	...	...	...	18
Unsatisfactory	...	...	...	...	...	...	...	...	95
Re-inspections under Notice	...	...	...	...	...	...	...	...	171
Number of Galvanised Bins provided as a result of notice	...	...	...	...	...	...	...	...	62
Number of Galvanised Bins provided by department	...	...	...	...	...	...	...	...	578

##### Food and Drugs Act :

Butchers' Shops	...	...	...	...	...	...	...	...	267
Cafes and Snackbars	...	...	...	...	...	...	...	...	674
Dairies and Milk Shops under Milk and Dairies Regulations	...	...	...	...	...	...	...	...	204
Fish Frying Shops	...	...	...	...	...	...	...	...	146
Hotels and Licensed Premises—Boarding Houses	...	...	...	...	...	...	...	...	4,176
Ice Cream Premises	...	...	...	...	...	...	...	...	229
Food Manufacturing Premises	...	...	...	...	...	...	...	...	47
Food Inspections and Food Shops	...	...	...	...	...	...	...	...	2,566

##### Miscellaneous :

Abattoirs	...	...	...	...	...	...	...	...	118
Animal Boarding Establishments	...	...	...	...	...	...	...	...	14
Bakehouses	...	...	...	...	...	...	...	...	298
Basements (full inspections)	...	...	...	...	...	...	...	...	—
Basements (excluding full inspections)	...	...	...	...	...	...	...	...	3
Cinemas, Dance Halls, Theatres, etc.	...	...	...	...	...	...	...	...	7
Common Lodging Houses	...	...	...	...	...	...	...	...	167
Drainage Schemes	...	...	...	...	...	...	...	...	95
Dwelling Houses (Housing Act, 1957)	...	...	...	...	...	...	...	...	4
Dwelling Houses (Public Health Act)	...	...	...	...	...	...	...	...	96
Dwelling Houses (Rent Act, 1957)	...	...	...	...	...	...	...	...	1
Dwelling Houses re Housing Improvement Grants	...	...	...	...	...	...	...	...	97
Exhumations	...	...	...	...	...	...	...	...	—
Factories	...	...	...	...	...	...	...	...	524
Farms and Smallholdings (Agricultural Act, 1956)	...	...	...	...	...	...	...	...	—
Hairdressing Businesses	...	...	...	...	...	...	...	...	74

Houses in Multiple Occupation (Holiday) ... ..	364
Houses in Multiple Occupation (Residential) ... ..	221
Infectious Diseases (including Food Poisoning and Dysentery)	1,068
Land and Camp Sites ... ..	317
Municipal Tenancy Applicants ... ..	312
Nuisances (Noise) ... ..	498
Nuisances (first inspections) ... ..	4,969
Nuisances (re-inspections under notice) ... ..	7,608
Offensive Trades ... ..	3
Pet Animals Act ... ..	26
Piggeries ... ..	9
Public Conveniences ... ..	14
Rag Flock and Other Filling Materials Act ... ..	9
Refuse Tips ... ..	—
Roadways, Footpaths, Back Street and Passages ... ..	185
Sand and Foreshore ... ..	1
Schools and Churches ... ..	5
Shops (Shops Act, 1950) ... ..	536
Slum Clearance ... ..	57
Smoke Abatement ... ..	722
Smoke Observations ... ..	76
Stables and Manure Heaps ... ..	351
Swimming Baths ... ..	32
Temporary Structures (Full Inspections) ... ..	2
Temporary Structures (Excluding Full Inspections) ... ..	550
Town Planning and Building Bye-Laws ... ..	221
Watercourses and Ponds ... ..	93
Water Supply ... ..	115
Work in progress ... ..	386
Unclassified ... ..	800
Diseases of Animals (Waste Foods) Order, 1957 ... ..	81
<b>Number of Houses where Sanitary Defects were Found :</b>	
Public Health Act ... ..	89
Housing Act ... ..	4
<b>Number of Houses where Notices were Served for the Abatement of Nuisances :</b>	
Verbal notices ... ..	1
Preliminary notices ... ..	86
Statutory notices ... ..	35
<b>Number of Houses where Sanitary Defects were Remedied by Notice :</b>	
Defects remedied as per preliminary notice ... ..	50
Defects remedied as per statutory notice ... ..	28
<b>House Drains Tested :</b>	
<b>New Houses :</b>	
Satisfactory ... ..	400
Unsatisfactory on first test ... ..	86
Rendered satisfactory after first test ... ..	77
<b>Old Houses :</b>	
First test—satisfactory ... ..	19
First test—unsatisfactory ... ..	63
Tested during relaying ... ..	10
Final Test—satisfactory ... ..	28
<b>Drains :</b>	
Relaid, disconnected and ventilated ... ..	5
Repaired, unblocked and cleansed ... ..	4,052
New gullies fixed ... ..	—
Soil pipes repaired or fixed ... ..	6
Cesspools abolished ... ..	9

**Waterclosets :**

New w.c.s fixed in lieu of privies, pail closets and defective w.c.s	8
Repaired ... ..	12
Unblocked ... ..	1
Flushing fittings repaired and water provided ... ..	11
New pails provided ... ..	—
Pail closets abolished ... ..	—

**Waste Pipes :**

New slop waste pipes fixed ... ..	1
New rainwater downpipes fixed ... ..	—
Rainwater pipes and roof gutters repaired ... ..	17
Slop waste pipes repaired ... ..	9
Water service pipes repaired, etc. ... ..	1
Bath, Lavatory, Slop sink and rainwater pipes disconnected over gullies ... ..	4

**Miscellaneous :**

Accumulations removed ... ..	41
Backyards cleansed ... ..	5
Backyards repaired ... ..	1
Courts or passages cleansed ... ..	8
Courts or passages reformed or repaired ... ..	1
Erections in yard reported to Borough Surveyor ... ..	1
Dampness remedied ... ..	20
Fire ranges re-set, repaired or provided ... ..	—
Food stores provided ... ..	1
Food stores ventilated ... ..	1
Manholes, gullies, back streets, etc., reported to Borough Surveyor	17
Manholes, gullies, back streets, etc., reported to Cleansing Department ... ..	21
Manure Receptacles abolished ... ..	1
Manure Receptacles repaired ... ..	1
New floor laid or repaired ... ..	12
New slop sinks fixed ... ..	1
Noise Nuisances abated ... ..	1
Premises cleansed ... ..	2
Roofs repaired ... ..	19
Various repairs ... ..	35
Watercourses cleansed ... ..	3

**Food Hygiene Regulations :**

First Inspections ... ..	46
Re-inspections ... ..	6,481
Verbal Notices given ... ..	56
Written Notices issued ... ..	24
Made satisfactory ... ..	255
Miscellaneous Visits ... ..	2

**COMMON LODGING HOUSES**

There is only one Common Lodging House in the Borough at 13, Eden Street and accommodation is available for 115 males. There is no accommodation for females.

Regular inspections are carried out by the Public Health Inspectors and reasonable standard of cleanliness and hygiene is being maintained.

The Common Lodging House has been re-registered this year; a considerable amount of work has been done by the new occupiers in repairing and decorating the structure and providing improved amenities, and work is still in progress.



The occupiers have agreed to carry out all the requirements of the Department.

There were again fewer cases of body lice infestation than in the previous year, and this can be attributed to stricter supervision by the Public Health Inspectors, the keeper and the deputies. It is, however, most difficult to eradicate these infestations completely, because of the number of itinerant vagrants, resorting to these premises.

## ATMOSPHERIC POLLUTION

The Local Authority again considered the possibility of establishing Smoke Control Areas in the Borough but as Smoke Control had not been completely established in the "black areas", decided to defer action at this stage and reconsider the matter in 1964.

Three smoke and sulphur dioxide recording machines have been operating during the year. These machines run continuously for 24 hours each day, including week ends, and details of the records are submitted monthly to the Department of Industrial and Scientific Research for inclusion in the National Survey of Atmospheric Pollution conducted by that department. These machines have proved themselves most valuable in assessing the pollution in the three parts of the Borough and showing how the pollution is affected by differing weather conditions. They have also shown conclusively that the main source of pollution by smoke and sulphur dioxide can be attributed to emissions from domestic chimneys.

No. 1 Machine is fitted in the Public Health Inspector's offices at the Municipal Health Centre, which is in a central position in the Borough and the surrounding properties are mainly of good class residential type, fairly closely built up.

No. 2 Machine is installed in a room on the second floor at the Infectious Diseases Hospital in Devonshire Road, where the surrounding property is mixed, there being quite a number of industrial and commercial buildings together with a large railway goods yard and sidings, and mixed types of dwelling houses. The area is closely built up.

No. 3 Machine is installed in the Hawes Side Lane Clinic which is at the southerly end of the Town. The surrounding properties consist of average size dwelling houses to the south, west, and north, and to the east is a large horticultural and market garden area. This area is less closely built up.

As is to be expected records from the No. 2 station show this station to be more heavily polluted than the other two stations, particularly in respect of sulphur dioxide, and this is obviously due to the concentration of industrial chimneys and railway smoke in the area.

The Specialist Smoke Inspector is regularly engaged in carrying out smoke observations throughout the town, and during the year a total of 76 smoke observations were recorded. 722 visits were also made in respect of complaints, the collection of smoke and sulphur dioxide samples and visits to boiler houses of an advisory nature.

Two contraventions of Section 1 of the Clean Air Act, 1956, regarding the emission of dark smoke from chimneys were reported to the Council, and warning letters were sent in each case. Follow up observations showed that satisfactory action had been taken to abate the nuisances. Only in one case was it found necessary to prosecute in respect of a bad emission of dark smoke from an industrial premises, and a conviction was obtained in the Magistrates' Court and a fine of £5/0/0 inflicted.

All other minor emissions of smoke were investigated personally by the Specialist Smoke Inspector and dealt with informally.

It is again very pleasing to note that in this year no complaints were received regarding the emission of smoke from locomotive type boilers used in connection with steam sterilisation of soil in greenhouses in the Marton Moss Area.

During the year 15 applications were received for approval of the installation of boilers and heating appliances under Section 3 of the Clean Air Act, 1956, and all were found to be satisfactory. Notifications of the installation of new boilers and heating appliances numbered 5.

There continues to be excellent liaison between the Borough Surveyor's department and the Public Health department regarding the erection and height of new chimneys under Section 10 of the Clean Air Act, 1956, and all plans are submitted to the Chief Public Health Inspector for his observations before approval is given.

As in previous years, the Department's Specialist Officers have continued to advise industrialists regarding the condition of their boiler and processing plants and this work more than any other has resulted in adaptations to existing plants and new modern plant being installed resulting in a considerable reduction of industrial atmospheric pollution.

It is now true to say that apart from accidental breakdown of plant, which may cause heavy smoke emissions, there is practically no statutory nuisance from industrial smoke in the Borough, and the co-operation of the managements in the various industries in this respect is much appreciated.

## **The Operation of the Volumetric Atmospheric Pollution Recording Machines**

**1st January to 31st December, 1963**

The three Atmospheric Pollution Recording Machines have been operating continuously during the year, at the same sites as in the previous year.

The machines run 24 hours a day and record smoke pollution by passing air through a filter paper which traps the smoke particles on the paper, and the amount of pollution can be calculated in microgrammes per cubic metre by scanning the filter paper under a Smoke Stain Reflectometer.

The amount of Sulphur Dioxide in the atmosphere is recorded by bubbling air through a solution of weak hydrogen peroxide, and the amount can be calculated in microgrammes per cubic metre by means of a chemical titration.

As was the case during 1962, the worst average pollution has been from the air sampled at the Infectious Diseases Hospital, because this is a small industrial area containing several large factories and a Railway Goods yard, as well as many dwelling houses.

The pollution in the vicinity of the Health Centre was generally lighter, and was practically all from the chimneys of dwelling houses in this closely built up area.

Again the lightest pollution occurred around the Hawes Side Lane Clinic area and is only to be expected as this area is less closely built up and has mainly open horticultural land on its East side. Here again all the pollution is from the chimneys of dwelling houses.

It is interesting to note that whilst average smoke pollution has generally kept about the same level as during 1962, there has been a slight increase in average sulphur dioxide pollution at all the sampling stations, and this may be due to the increasing use of oil fuel both for steam raising in factories and domestic central heating, as oil fuel generally contains more sulphur than coal.

It has been found that wind strength affects the weight of pollution considerably, and invariably the worst pollution occurs from November to February during calm weather when there is little or no wind and mist or fog forms.



**Table of Observations from the Volumetric Atmospheric Pollution Machines**  
**1st January to 31st December, 1963**  
**SMOKE AND SULPHUR DIOXIDE**

Average Concentration in ug/m3	No. 1 SITE Municipal Health Centre			No. 2 SITE Inf. Diseases Hospital			No. 3 SITE Hawes Side Clinic		
	Smoke	Sulphur Dioxide	Smoke/ SO2 Ratio	Smoke	Sulphur Dioxide	Smoke/ SO- Ratio	Smoke	Sulphur Dioxide	Smoke/ SO2 Ratio
January .. ..	365	290	1.26	519	355	1.46	331	293	1.13
February .. ..	298	307	0.97	416	376	1.10	304	310	0.98
March .. ..	154	155	0.99	212	248	0.85	140	102	1.37
April .. ..	112	120	0.93	144	169	0.85	99	115	0.86
May .. ..	69	76	0.90	75	139	0.54	46	64	0.72
June .. ..	39	53	0.74	56	78	0.72	34	56	0.61
July .. ..	44	54	0.81	65	98	0.66	41	63	0.65
August .. ..	46	58	0.79	57	79	0.72	37	54	0.68
September .. ..	82	79	1.04	104	114	0.91	79	84	0.94
October .. ..	112	94	1.19	152	159	0.95	100	81	1.23
November .. ..	206	166	1.24	241	205	1.18	178	145	1.23
December .. ..	374	248	1.51	435	272	1.60	318	254	1.25

**HIGHEST DAILY CONCENTRATION**

January .. ..	828	916	—	1,076	1,069	—	800	836	—
February .. ..	532	420	—	629	570	—	504	421	—
March .. ..	288	321	—	448	403	—	324	278	—
April .. ..	252	268	—	352	270	—	256	257	—
May .. ..	144	135	—	157	376	—	134	139	—
June .. ..	116	100	—	103	151	—	74	111	—
July .. ..	80	137	—	164	176	—	121	161	—
August .. ..	97	139	—	157	181	—	120	152	—
September .. ..	163	196	—	247	299	—	179	203	—
October .. ..	272	228	—	436	313	—	340	249	—
November .. ..	624	362	—	640	407	—	456	332	—
December .. ..	880	496	—	952	564	—	680	516	—

**NUMBER OF DAYS ABOVE**

500 ug/m3 .. ..	18	4	25	6	15	5
1,000 " .. ..	—	—	3	—	—	—
1,500 " .. ..	—	—	—	—	—	—
2,000 " .. ..	—	—	—	—	—	—
3,000 " .. ..	—	—	—	—	—	—
	Closely built up Residential Area.		Small Indust'l Area, surrounded by closely built up Residential Area.		Residential Area not so closely built up and open land to the East.	

**AIR POLLUTION AND RESPIRATORY DISEASES**

As in 1962, a survey of incidence of respiratory tract infection in the Blackpool police force was carried out and compared with the year's record of atmospheric pollution, each of these surveys being on a monthly basis.

As the majority of the police personnel spend the main part of their duty out of doors, and are representative of a high average standard of physical fitness, a fair assessment can be made of the probable effect of atmospheric pollution combined with wintry conditions.

The air pollution rises in October each year and falls again in March or April. The tables below, showing police force respiratory infection figures, indicate a rise in September which is maintained throughout the Winter months, and falls again in April, a similar pattern to that of 1962.

From the information derived it tends to suggest that there is a definite relationship between contamination of the inspired air and respiratory disease.



	1962			1963								
				Indoor Personnel								
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.
Influenza ..	1	—	—	1	—	7	1	—	—	—	—	—
Bronchitis ..	—	—	—	2	—	—	1	—	—	1	—	—
Pharyngitis } Tonsillitis } Laryngitis } Tracheitis }	1	1	—	1	1	1	—	—	—	1	—	—
Common Cold	2	6	3	4	2	3	2	—	1	1	—	—
	4	7	3	8	3	11	4	—	1	3	—	—
				Outdoor Personnel								
Influenza ..	1	1	4	2	3	8	6	—	—	—	—	1
Bronchitis ..	—	1	1	3	4	1	1	—	—	—	—	1
Pharyngitis } Tonsillitis } Laryngitis } Tracheitis }	3	7	3	4	4	2	2	1	1	2	4	1
Common Cold	8	11	6	12	13	9	4	3	1	7	5	11
	12	20	14	21	24	20	13	4	2	9	9	14

### SANITARY CONDITIONS IN PLACES OF ENTERTAINMENT

The places of entertainment in the Borough are classified as follows :—

Cinemas ... ..	7
Cinemas also used for variety, etc. ... ..	3
Variety, etc. ... ..	8
Ballrooms ... ..	4
Ice Drome ... ..	1
Bowling Alley ... ..	1

All the premises were inspected prior to the commencement of the holiday season, particular attention being paid to the dressing room and washing facilities for artistes, and sanitary accommodation and washing facilities for patrons and also the ventilation of the premises was checked.

The inspections showed that the facilities provided were of a high standard and in no case was any action found to be necessary by the Department.

### FACTORIES

During the year 524 inspections of factories were made by the Public Health Inspectors.

During these inspections 20 defects were found which resulted in 4 verbal notices being given and 4 informal notices being served on the occupiers of the factories concerned, seventeen of the defects were remedied during the year and it was not necessary for proceedings to be instituted in any of the cases.

So far as the Department is aware, there are no Blackpool firms employing outworkers either within or without the Borough.

As a result of notifications from other Authorities, eleven inspections of outworkers' premises were made and in all cases the nature of the work was the making of wearing apparel. Conditions in all cases were satisfactory.

It is again interesting to note that the majority of the contraventions were in respect of the lack of intervening ventilated spaces between w.c. compartments and workshops and this is probably due to the managements' varied interpretations of the Sanitary Accommodation Regulations of the Factories Act.

During the year H.M. Inspector of Factories was notified of the existence of 13 new factories and also that 6 factories were discontinued.

Particulars  (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) .. .. .	1	—	—	—	—
Overcrowding (S.2) .. .. .	—	—	—	—	—
Unreasonable Temperature (S.3) .. ..	—	—	—	—	—
Inadequate ventilation (S.4) .. ..	—	—	—	—	—
Ineffective drainage of floors (S.6) .. ..	—	—	—	—	—
Sanitary conveniences (S.7):					
(a) Insufficient .. .. .	4	—	—	1	—
(b) Unsuitable or defective .. ..	14	16	—	2	—
(c) Not separate for sexes .. ..	1	1	—	1	—
Other offences against the Act (not including offences relating to Out-work) .. ..	—	—	—	—	—
Total .. .. .	20	17	—	4	—

**Part VIII of the Act**  
**Outwork—(Sections 110 and 111)**

Nature of Work  (1)		Section 110			Section 111		
		No. of out-workers in August list required by Section 110(1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in un-wholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel	Making, etc. ..	11	—	—	—	—	—
	Cleaning and Washing ..	—	—	—	—	—	—
Total .. ..		11	—	—	—	—	—

**Factories on Register (Section 8 (3) ) at the Year End**

Trade	Mechanical Power	No Mechanical Power
Making or repair of wearing apparel .. ..	98	19
Baking .. .. .	154	2
Preparation of other foods and drinks .. ..	108	2
Building Trades .. .. .	91	3
Furniture making, etc. .. .. .	28	5
Conveyance and engineering .. .. .	183	4
Photography, printing and bookbinding .. ..	52	5
Other trades .. .. .	132	9
Laundries .. .. .	18	—
Total Number of Factories on Register ..	864	49

## OFFENSIVE TRADES

There are only three established offensive trades in the Borough which are as follows :—

Tripe Boiler	...	...	...	...	1
Gut Scrapers	...	...	...	...	2

These are fortunately sited within the precincts of the Public Abattoir and consequently are kept under close supervision by the Public Health Inspectors engaged on meat inspection.

## CARAVAN SITES

The number of caravan sites in the Borough comprising two or more caravans remains unchanged, i.e.:

Holiday Sites	...	...	...	...	4
Combined Holiday and Permanent Sites	...	...	...	...	3
Permanent Sites	...	...	...	...	5

All are subject to site licence conditions laid down by the Local Authority under the Caravan Sites and Control of Development Act, 1960.

The site licence conditions are similar to those issued by the Ministry in the "Model Standards" Booklet.

In addition to the above, the Local Authority have issued licences in respect of a number of sites where only one caravan is situated. The licence conditions are similar to those approved for the larger sites.

All the larger residential sites have more than the permitted number of caravans allowed by their licences, but the Local Authority's policy of natural wastage is being strictly enforced by the Department's Officers, and the number of caravans on these sites is gradually being reduced.

## CLEARANCE AREAS

The position at the end of 1963 was as follows :—

Area	Date of Representation	Confirmation by Ministry	No. of dwellings removed vacated or demolished	No. still Occupied	No. of Families
Abbey Road No. 2 ..	9.2.58	30.6.59	1	1	1 (1 person)
Oddfellow Street ..	21.4.51	22.6.62	26	2	5 (22 persons)
Queenstown .. ..	10.7.61	6.9.62	90	8	9 (21 persons)
East Topping Street..	7.2.62	Purchased by Agreement	—	—	—

## SLUM CLEARANCE

The Local Authority's second five year programme of slum clearance is now its third year and during 1963, 112 houses were closed or demolished.

The majority of the houses in the Queenstown and Oddfellow Street Clearance Areas were demolished during the year and the erection of the first of the tower blocks of flats was commenced.

Five families were rehoused and the houses closed as a result of action under Section 17 (1) of the Housing Act, 1957.



## HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES

### A. Houses Demolished. Clearance Areas.

	Demolished	Displaced during year	
		Persons	Families
No. of Houses Demolished (Unfit for Human Habitation)	109	158	63
Demolished, Not in Clearance Areas. As a result of Formal or Informal action under Sec. 17(1) H.A.1957 .. ..	1	13	5
L.A. owned houses certified unfit by M.O.H. .. ..	—	—	—

### B. Unfit Houses Closed

	Demolished	Displaced during year	
		Persons	Families
Under Sec. 16(4), (17), 35(1) H.A. 1957 .. .. .	3	—	—

### C. Unfit Houses made Fit and Houses in which Defects were Remedied.

	By Owner	By Local Authority
After informal action by Local Authority .. .. .	50	—
After formal notice under the Public Health Acts ..	28	1

## HOUSES IN MULTIPLE OCCUPATION (PERMANENT)

Last year it was reported that it was hoped that work in connection with securing compliance with the Local Authority standards in respect of this type of accommodation, would be intensified during 1963. Unfortunately, however, due to increased work and shortage of suitable staff only slow progress was made during the year.

It is gratifying to note that in premises dealt with by the department, compliance with the standards was much appreciated by those unfortunate people having to resort to this type of accommodation as a regular home, and it is unfortunate that more effort cannot be applied in this most important work.

The number of visits made by the Inspectors during the year was 221, but this figure included, of course, quite a number of revisits.

## HOLIDAY FLATLETS

The number of conversions of boarding houses and other properties to holiday flatlets is still increasing, but again the staff have been unable to cope satisfactorily with the inspection of these properties.

Nevertheless, at the properties dealt with big improvements have been made which assist generally in highering the standard of accommodation in the town. The Local Authority appreciates the efforts made by the Blackpool Holiday Flatlets Association which has co-operated splendidly with the department, and which has fixed their standards in accordance with those of the Local Authority.

From the experiences of the department it is seen that the holiday makers of today are far more discriminating in their choice of accommodation and are demanding much higher standards.

Complaints were received during the Summer season, and upon investigation was found in many cases that the complaints generally referred to a poor standard of amenities, i.e. furnishings, decorations, etc., but of course one must realise that the Public Health Department has no jurisdiction in these matters.

Every effort will be made to continue the inspections, but again this can only be related to the availability of sufficient staff for the work.

The total number of visits made by the Inspectorial staff to this type of property was 364.

## SHOPS

During the year 467 inspections and 69 re-inspections of shops were made to ensure that the provisions of Section 38, Shops Act, 1950, were being complied with.

One statutory notice and two warning letters were sent, and seven of the nine defects reported were remedied during the year.

The Offices, Shops and Railway Premises Act, 1963, received the Royal Assent during the year but does not come into operation until 1st August, 1964.

The following table gives details of classified defects ascertained and remedied during the year.

CLASSIFIED DEFECTS				
	Found		Repaired or Remedied	
	Nil	Defective	Provided	Repaired
Sanitary conveniences ..	—	9	1	4
Washing facilities .. ..	—	—	—	—
Lighting .. .. .	—	—	—	—
Ventilation .. .. .	—	—	—	—
Temperature .. ..	—	1	2	—
Totals .. ..	—	10	3	4

Businesses discontinued during the year : 6.

## OVERCROWDING

It is impossible to state the position in the Borough as regards overcrowding of dwelling houses with any degree of accuracy and only a complete survey would give a true picture of the position.

However, when any serious cases of overcrowding are discovered the facts are in every instance reported to the Related Health Services Committee, and in all cases where there are contraventions of the Overcrowding Standard of the Housing Act, 1957, and the occupiers are eligible for a municipal tenancy, the Housing Committee always gives a most sympathetic hearing to the case.

## ALLOCATION OF MUNICIPAL TENANCIES

There has been no change in the "Points Scheme" approved by the Town Council in 1958 for the allocation of Municipal Houses.

Applications which were referred to the department by the Borough Treasurer for the allocation of points on medical grounds totalled 116.

The various types of Municipal houses erected since the re-commencement of building after the last war were as follows :—

Permanent—1 bedroom	...	...	1,003
2 bedrooms	...	...	656
3 bedrooms	...	...	1,932
4 bedrooms	...	...	106
Temporary bungalows	...	...	343

During the year 265 families were re-housed and at the 31st December, 1963 the number of applicants on the waiting list for tenancy of municipal houses was 2,481.

## RENT ACT, 1957

No. of applications received	...	...	2
No. of certificates issued	...	...	1
No. of certificates refused	...	...	1
No. of Undertakings received	...	...	—
No. of Certificates revoked	...	...	—

## NOISE NUISANCES

The number of complaints regarding this type of nuisance continues to increase, and during the year 498 inspections were made by the Department's Inspectors investigating alleged noise nuisances from various types of machinery at bakeries, dairies, and engineering factories, the noise from Clubs, and juke boxes in Cafes and Snackbars.

Many of these inspections have to be made late at night and in the early morning hours necessitating loss of sleep by some of the inspectorial staff, who are to be congratulated on the efficient manner that these duties have been carried out.

In only one instance was it necessary for a Statutory Notice to be served under the Noise Abatement Act, 1960, and within a reasonable time measures were taken which minimised the noise to some extent although observations are still being made on this particular premises.

In all other cases no formal action was necessary due to the co-operation of the managements of the various premises in carrying out works advised by the Public Health Inspectors which resulted in the reduction of the noise to levels considered to be no longer a statutory nuisance.

The Noise Level Meter which was purchased during the year has been very helpful to the Inspectors in making decisions as to whether any particular noise was sufficient to cause a nuisance.

Local Byelaws framed to deal with nuisances from noisy animals have again proved of value and the Town Clerk has advised many complainants on the action to be taken in such cases.

## RODENT AND PEST CONTROL

### RODENT CONTROL

The continuous search of land and premises for rodent infestations during the year, entailed 885 visits, summarised as follows :—

Business Premises	...	...	...	396
Dwelling Houses	...	...	...	382
Open Spaces	...	...	...	107

From this number, 60 premises were proved to be infested. Orders requesting disinfection of these premises were duly received and the work was carried out satisfactorily.

During the year the cordial relations between the department and the general public were maintained, and the co-operation of the Lancashire Agricultural Executive Committee, the Nationalised Industries and the Officers of the Ministry of Agriculture, Fisheries and Food (Infestation Division) was much appreciated.

## SURFACE INFESTATIONS

The number of complaints received was 536. Of this number 63 were found to be clear after test baiting. Disinfestation treatment was carried out at 473 premises, comprising 234 business premises and 239 dwelling houses. Premises treated included Regional Hospital Board property and places of entertainment. In addition, the Abattoir, refuse tips, refuse disposal works, pumping stations and drains and watercourses vested in the Local Authority received periodic examination and treatment where required. The total number of surface infestation visits made during the year was 3,023.



## RODENT CONTROL IN SEWERS

The following approved sewer treatments were carried out during the year :—

Class	No. of Manholes	Commenced	Completed	Bait Base	Poison
Maintenance ..	436	17.4.63	2.5.63	Pinhead Oatmeal	Warfarin 5
10% Test .. ..	418	23.9.63	30. 9.63	Sausage Rusk	—
Maintenance ..	348	1.10.63	17.10.63	Pinhead Oatmeal	Warfarin 5

A Divisional Inspector of the Ministry of Agriculture, Fisheries and Food (Infestation Division) was present during the above treatments and ensured that the correct procedure was adopted. The number of manholes lifted, baited and re-examined during these treatments was 1,202.

## OTHER INFESTATIONS

During the year the Pest Control Staff carried out treatment for moles, voles and rabbits on land vested in the Local Authority.

The Municipality obtained control of Squires Gate Airport, during the year and with it responsibility for control of the rabbits which were infesting the Airfield and Airport buildings. The rabbits were brought under control by the Pest Control staff using a "cymag" (HCN) gassing technique in burrows and the rabbit proofing of buildings. In addition, the Pestologist instructed the Airport firemen in the technique and safety measures to be adopted when gassing rabbits with cymag.

## BIRD PEST CONTROL

Acting under Section 74 of the Public Health Act, 1961, the Pest Control Staff paid 95 visits to premises following complaints of pigeon nuisance. In addition a number of visits were paid at night to permanent roosts in different parts of the town. The total number of birds destroyed by the department was 540 adults and 83 eggs.

## INSECT AND MITE INFESTATIONS

Treatment and/or advice was given as a result of the following number of complaints—1,746, classified as follows :—

	1st Visits	Revisits	Totals
Vermin, bugs, fleas, and lice ... ..	720	121	841
Cockroaches ... ..	241	153	394
Ants ... ..	65	26	91
Moths ... ..	10	3	13
Woodborers ... ..	131	60	191
Flies ... ..	35	7	42
Food Pests ... ..	6	—	6
Other Pests ... ..	153	15	168

During the period under review the Pest Control Staff and a Registered Nurse acting under Section 35 of the Public Health Act, 1936, disinfested 53 males and 2 females for lice. The treatments were carried out at the Health Department's cleansing station at the Devonshire Road Hospital.

The number of insects sent into the department for identification was 67.

The total number of visits made by the Pest Control section for control of insects during the year was 2,232.

## **STAFF ENGAGED IN PEST CONTROL**

The staff engaged in Pest Control at the end of the year comprised the Pestologist and three Rodent/Insect operators.

The Pestologist, Mr. Howard, retired in October, 1963, having served 35 years with the Blackpool Corporation Health Department. During his time as Pestologist Mr. Howard witnessed the introduction and use of modern insecticides, e.g. chlorinated hydrocarbons, organo-phosphorus compounds and anti-coagulant rodenticides e.g. oxycoumarin chemicals which have revolutionised the theory and practice of Pest Control.

The vacancy left by Mr. Howard's retirement has been occupied by the Assistant Pestologist, Mr. Blackwell.

During the year the Assistant Pestologist and one of the operators attended courses on insect and rodent control given by the Field Officers of the Ministry of Agriculture, Fisheries and Food (Infestation Division) at Preston.

## **NORTH WESTERN REPRESENTATIVE COMMITTEE ON RODENT CONTROL**

During the period under review there have been two meetings of the North Western Representative Committee on Rodent Control, the first on the 14th February, 1963, held at Preston, and the second on the 22nd August, 1963, which was held at the Town Hall, Blackpool.

## **HAIRDRESSERS AND BARBERS**

The Blackpool Corporation Act, 1958, provides that persons shall not carry on the business of a Hairdresser or Barber unless both persons and premises are registered by the Local Authority. It also gives authority to the Council to make Byelaws for the purpose of securing (c) cleanliness of registered premises, and instruments, towels, materials and equipment used in the premises, and (b) the cleanliness of all persons employed on the premises in regard to both themselves and their clothing.

During 1963 there were 287 ladies' and gentlemen's hairdressing establishments on the Local Authority's Register and the District Public Health Inspectors regularly inspected these premises to ensure that the Byelaws were complied with.

It was found that in all premises a reasonably good standard of cleanliness and hygiene was maintained.

## **GENERAL FOOD SUPPLY**

### **Meat Inspection**

There is only one Abattoir in the Borough, and this is a public abattoir controlled by the Local Authority.

The Abattoir Superintendent and a full time Public Health/Meat Inspector carry out inspections of all animals slaughtered on the premises. This system ensures that 100% meat inspection is carried out.

The inspection of wholesale and retail butchers' premises is carried out by the remainder of the staff of Public Health Inspectors.

Compliance with the Food Hygiene and Meat Regulations and the Merchandise Marks Act is required, and reports show that a good standard of hygiene generally is found on these premises.

The annual throughput again shows a decrease of 11,343 from the previous year.

### **Public Abattoirs—Slaughterhouses Act, 1958**

It was reported in the 1962 Report that little progress had been made with regard to the establishing of a new abattoir. The two main points of difference between the traders and the Local Authority were the disinclination of the traders to accept the "line" system of slaughtering, and consequently the feeling of the traders that the charges would be too high. The three main courses left open to the Local Authority were :—



- (1) To carry on with the present abattoir until the Ministry said it was no longer fit;
- (2) To provide a new slaughterhouse with the "line" method, whether or not this was agreed with the trade;
- (3) To decide not to build a new slaughterhouse and cease providing slaughtering facilities.

With regard to item (3) it was generally considered that it would be a bad thing if there were no slaughtering facilities in Blackpool. In consequence of all the discussions that took place during the year the Blackpool and District Meat Traders' Association were approached as to their attitude should the Local Authority go ahead with plans to build a new Abattoir with a "line" system. The Association replied that it was their considered opinion that the provision of a slaughterhouse accommodation in Blackpool was absolutely necessary, but the proposal of the Corporation on the "line" system would be accepted under protest.

At the end of the year the matter rested, but it is regretted that one could not consider that a satisfactory solution had been found. It is clear that the meat traders do not like the idea of the "line" system, which is obviously the most economic from the Local Authority point of view, and that the alternative system of more lines would make the project so costly as to raise charges to such a height that there would be a danger of the meat traders seeking alternative slaughtering facilities.

### **The Meat Inspection Regulations, 1963**

Under these Regulations Local Authorities may charge for the inspection of meat, and ruled that the Exchequer Grant for meat inspection would not be paid after the 31st March, 1963. This meant that no grant would be payable to Local Authorities for the period 1st April, 1963, to the 30th September, 1963, the commencing date from which charges could be made being the 1st October, 1963.

The Association of Municipal Corporations, therefore, decided to make representations to the Ministry of Agriculture, Fisheries and Food for reinstatement of the Exchequer Grant for this period. At the end of the year, however, no satisfaction had been received with regard to this matter, but it is hoped that the Minister will reconsider his decision. The value of the grant as a contribution towards the cost of meat inspection on outside meat for 1962-63 was £611. This was a decrease on the previous year.

Whilst the Regulations permitted Local Authorities to charge for inspections at rates not exceeding the following rates :—

- 2/6d. per horse, or bovine animal, other than calf,
- 9d. per calf or pig,
- 6d. per sheep, lamb, or goat.

it was not felt that the cost of meat inspection to the town necessitated such a high charge, and accordingly it was agreed to cover the expenditure incurred by the authority by charging the following :—

- 11d. per beast,
- 3½d. per calf or pig,
- 2½d. per sheep.

These calculations were based on the present throughput, but should there be any variation in the number of animals slaughtered at the Public Abattoirs, adjustments would have to be made to these charges

### **Public Abattoirs**

The number of animals killed shows a decrease compared with previous years. This decline in the quantity of meat handled at the Abattoir follows the general pattern in the meat trade for the rest of the country. Rising prices have coincided with the reduction of imports from the Argentine and at the same time there has been an increase in export of meat to the Continent.

The low incidence of tuberculosis again illustrates the success of the T.B. eradication scheme. A few years ago bovine tuberculosis affected a large percentage of all cattle and pigs : today the disease is seldom encountered.



Fasciolasis shows no sign of decreasing, and a large percentage of bovine and sheep livers are condemned as a result of this condition.

An increase in the number of carcasses condemned for pyaemia is becoming apparent, particularly in pigs. This seems to be due to modern methods of moving the animals. The conditions under which the animals are kept encourages "tail biting" and this in turn results in the formation of abscesses which become widespread throughout the carcass.

Year	Cows	Heifers	Bullocks	Bulls	Calves	Sheep	Pigs	Total
1942	2,109	2,751	3,895	181	8,081	62,171	1,144	80,332
1943	2,532	2,299	3,758	183	10,444	48,843	696	68,755
1944	2,678	2,138	2,435	170	9,544	45,627	691	63,283
1945	2,837	2,686	4,462	192	10,764	40,450	1,258	62,649
1946	4,075	2,391	4,968	154	11,671	54,015	607	77,881
1947	3,224	2,273	4,093	108	7,929	24,932	290	42,849
1948	4,075	1,938	3,397	129	7,589	36,015	550	53,693
1949	4,610	2,230	2,691	204	6,202	34,276	711	50,924
1950	5,606	4,127	3,249	303	7,257	36,593	2,032	59,167
1951	5,361	5,119	3,376	294	7,408	34,885	4,248	60,661
1952	3,749	4,546	2,889	175	7,477	38,212	7,663	64,711
1953	5,719	3,205	3,164	213	5,198	46,161	7,493	71,153
1954	3,972	4,883	3,021	118	3,019	59,369	15,750	90,132
1955	2,126	4,917	4,249	39	1,358	47,851	18,087	78,627
1956	1,946	4,416	6,810	29	1,989	59,115	17,044	91,349
1957	2,239	4,209	7,213	25	1,713	64,211	18,123	97,733
1958	3,136	3,553	6,352	25	1,034	58,144	19,746	91,990
1959	2,180	2,338	7,299	21	809	80,230	19,090	111,967
1960	2,404	1,980	9,151	18	1,212	76,825	19,623	111,213
1961	2,372	2,890	10,201	31	1,805	89,129	20,084	126,512
1962	3,218	2,905	9,477	35	1,887	81,699	18,616	117,837
1963	2,825	3,285	9,790	29	1,473	71,934	17,158	106,494

## MEAT CONDEMNED

			Quarter ended 31.3.63	Quarter ended 30.6.63	Quarter ended 30.9.63	Quarter ended 31.12.63	Total
			Lbs.	Lbs.	Lbs.	Lbs.	Lbs.
Abnormal .. .. .			19	—	—	—	19
Abscessed .. .. .			2,173	5,064	6,045	4,727	18,009
Actino-mycosis .. .. .			27	81	414	56	578
Actino-bacillosis .. .. .			27	225	149	86	487
Anaemia .. .. .			50	—	—	—	50
Arthritis .. .. .			237	512	302	478	1,529
Bone-Taint .. .. .			—	114	506	320	940
Bruised .. .. .			1,306	451	476	1,010	3,243
Cadavers .. .. .			—	448	180	281	909
Calcification .. .. .			—	7	—	—	7
Cirrhosis .. .. .			—	—	126	—	126
Congested .. .. .			885	1,305	1,988	1,463	5,641
Decomposed .. .. .			26	363	63	50	502
Deformed .. .. .			—	8	5	—	13
Dropsy .. .. .			45	—	370	496	911
Emaciation .. .. .			31	377	42	1,328	1,778
Erysipelas .. .. .			—	106	87	70	263
Fasciolasis .. .. .			9,507	13,322	25,021	22,004	69,854
Fevered .. .. .			382	1,923	210	1,543	4,058
Fractured .. .. .			—	14	38	99	151
Gangrene .. .. .			—	—	—	193	193
Immature .. .. .			57	—	27	—	84
Jaundice .. .. .			—	134	77	40	251
Jointill .. .. .			46	336	109	184	675
Mastitis .. .. .			1,108	1,053	1,349	2,155	5,665
Melanosis .. .. .			—	—	47	—	47
Moribund .. .. .			1,053	223	991	360	2,627
Nephritis .. .. .			620	285	100	291	1,296
Oedema .. .. .			—	86	—	—	86
Parasitic .. .. .			3,671	7,229	6,397	6,331	23,628
Pericarditis .. .. .			195	328	524	594	1,641
Peritonitis .. .. .			—	498	—	—	498
Pleurisy .. .. .			152	460	160	—	772
Pneumonia .. .. .			3	356	—	327	686
Pyaemia .. .. .			1,357	861	720	771	3,709
Sarcoma .. .. .			—	84	—	84	168
Septic .. .. .			855	1,734	918	647	4,154
Suppurative .. .. .			5	18	3	7	33
Telangiectasis .. .. .			116	46	908	815	1,885
Tuberculosis .. .. .			411	351	717	773	2,252
Tumours .. .. .			540	—	—	—	540
Tyrosis .. .. .			—	—	—	10	10
Unsound .. .. .			868	1,635	1,070	1,286	4,859
Urticaria .. .. .			40	54	—	108	202
Xanthosis .. .. .			75	41	86	92	294
Contact of Swine Fever .. .. .			—	—	150	—	150
Total lbs. ..			25,887	40,132	50,375	49,079	165,473

## Cysticercus Bovis

The department continued its special technique in the examination of carcasses for the presence of *Cysticercus Bovis*

### Incidence of *Cysticercus Bovis* in Animals Slaughtered at Blackpool Abattoirs during 1963

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Slaughtered ..	1,277	1,090	1,150	1,317	1,354	1,272	1,508	1,552	1,473	1,433	1,329	1,174	15,929
Infested ..	1	—	—	—	—	—	—	1	2	2	—	1	7
Per Cent ..	0.08	—	—	—	—	—	—	0.06	0.14	0.14	—	0.09	0.04

### Carcases and Offal Inspected and Condemned in Whole or in Part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known) .. .. .	13,104	2,825	1,473	71,934	17,158	—
Number inspected .. .. .	13,104	2,825	1,473	71,934	17,158	—
All diseases except Tuberculosis and Cysticerci:						
Whole carcases condemned .. .. .	5	14	35	70	109	—
Carcases of which some part or organ was condemned .. .. .	7,821	1,843	15	3,016	1,438	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci .. .. .	59.7	65.7	3.4	4.3	9	—
Tuberculosis only:						
Whole carcases condemned .. .. .	1	—	—	—	1	—
Carcases of which some part or organ was condemned .. .. .	34	3	—	—	73	—
Percentage of the number inspected affected with tuberculosis .. .. .	.26	.01	—	—	.45	—
Cysticercosis:						
Carcases of which some part or organ was condemned .. .. .	7	—	—	—	—	—
Carcases submitted to treatment by refrigeration .. .. .	7	—	—	—	—	—
Generalised and totally condemned ..	—	—	—	—	—	—

## Sale of Horseflesh

There are no shops in the Borough selling horse-flesh for human consumption

### DISPOSAL OF CONDEMNED MEAT AND OTHER FOODS

Under the Meat (Staining and Sterilisation) Regulations, 1960, all meat and offal which is unfit for human consumption and has been condemned following inspection at the Public Abattoir is stained with green dye before being removed from the premises and delivered to a firm at Widnes where it is converted into fertilisers and none is sold as pet animal food. This ensures there is no leakage of condemned meat and offal through other channels whereby the health of the public may be endangered.

All foods condemned in shops and food warehouses by the Public Health Inspectors is collected by the Department and taken to the refuse disposal works where it is destroyed by incineration.

Complete records of all meat and other foods condemned are regularly maintained and the Department is satisfied that the above arrangements provide adequate protection for the general public.

### DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957

The work of inspecting these premises to ensure that the requirements of the Order, regarding the boiling of waste foods (swill) and other matters is complied with is carried out by the Chief Meat and Food Inspector and the District Public Health Inspectors and all the premises have been visited during the year.

No contraventions of the Order were found on inspection.

### LIST OF FOODSTUFFS CONDEMNED DURING 1963

During the past twelve months, the undermentioned foodstuffs were condemned as unfit for human consumption. This is in addition to the meat condemned at the Public Slaughterhouse :—

Articles	Units	Pounds	Bags/Boxes	Tins/Jars
Biscuits .. .. .	—	239	479	—
Meat (tinned) .. ..	9	7,119	1	1,647
Bacon and Ham .. ..	15	678	—	42
Fish (fresh) .. .. .	459	1,011	396	9
Shellfish .. .. .	3	759	3	17
Fruit (fresh) .. .. .	395	101	213	3
Vegetables (fresh) ..	954	279	837	23
Meat (fresh) .. .. .	184	248	87	4
Fish (tinned) .. .. .	11	125	2	240
Fruit (tinned) .. .. .	34	6,705	60	2,890
Vegetables (tinned) ..	25	5,234	—	2,760
Milk (tinned) .. .. .	29	209	2	449
Puddings .. .. .	11	329	—	311
Butter and Fats .. ..	—	170	—	—
Jams and Marmalade ..	1	168	—	144
Bread .. .. .	6	—	—	—
Tea and Coffee .. .. .	4	6	—	13
Rabbits .. .. .	—	—	—	—
Poultry .. .. .	1	215	—	20
Cheese .. .. .	5	22	5	—
Eggs .. .. .	—	—	—	—
Cereals .. .. .	—	23	145	1
Sweets .. .. .	1,376	—	—	—
Soup .. .. .	10	417	5	262
Miscellaneous .. .. .	635	505	305	369
Totals .. .. .	4,167	24,562	2,540	9,204

### FOREIGN MATTER IN FOOD

During the year the department received thirty-five complaints in respect of foreign matter in food, nine more than in the previous year.

Of these complaints nine were reported to the Related Health Services Committee, resulting in warning letters being sent.

The nine complaints were in respect of :—

- Hair and Skin in Stewed Steak.
- Weights in tin of Mixed Grill.
- Caterpillar in Peeled Tomatoes.
- Tack in Piece of Rock.
- Metal in Packet of Curry and Rice.
- Insect in Ready Dinner.
- Cockroach in Loaf of Bread.
- Mould in Meat and Potato Pie.
- Spider in Sliced Loaf.



All the thirty-five cases were investigated but only in the nine above mentioned did the complainants wish the facts to be reported to the Related Health Services Committee. In the other twenty-six cases they preferred the department to take up the matter informally with the manufacturers.

No matter how good the premises, how excellent the plant, machinery and equipment used and the conditions under which these are used, the food manufacturer is dependent upon the staff he employs, to ensure a first class product.

In every case brought to our notice the cause of the matter being reported was due to error on the part of the human element.

## **STALLS ON THE SANDS**

Regular inspections were made during the holiday season of all food stalls on the sands to ensure that there was compliance with the Food Hygiene (General) Regulations, 1960, and also the licensing conditions imposed on the occupiers of the stalls.

In all cases it was found that the stall holders maintained a reasonably good standard of hygiene.

## **FOOD HYGIENE (GENERAL) REGULATIONS, 1960**

In a large holiday resort of the size and status of Blackpool one of the Department's most important activities is the continuous inspection of all premises where food is prepared, sold or stored, and one Public Health Inspector devotes the whole of his time to these duties.

Since the advent of the Food Hygiene Regulations, 1955, over 7,000 food premises comprising large and small hotels, boarding houses, licensed premises, restaurants, cafes, snack bars, clubs, food factories, wholesale and retail food shops and factory canteens have been inspected and the proprietors informed as to the work necessary to comply with the Regulations.

During 1963, 46 premises were initially inspected and 6,481 re-inspections on all types of food premises were made by the Public Health Inspectors.

In most cases minor contraventions were dealt with informally with good results as most occupiers were willing to comply with the Regulations. In other cases 56 verbal notices were given and 24 written notices were served on occupiers of food premises, all of whom complied with the Regulations.

It was necessary in only three cases to institute legal proceedings and fines of £30/0/0, £13/0/0, and £3/0/0 were inflicted by the Magistrates' Court.

Further re-inspections of food premises are always being made to ensure that the standard of food hygiene in the town is not allowed to relapse.

Further tribute must be paid to the big majority of occupiers of food premises, trade organisations and all others engaged in the food trade for their excellent co-operation with the Department in this important work which has involved the expenditure of many thousands of pounds on new installations and adaptations.

## **MERCHANDISE MARKS ACT, 1926**

Regular inspections are carried out to ensure compliance with various Orders made under the Act.

There are still people who believe the appellations "British" and "English" to be synonymous. Trouble has arisen, particularly in May, with the ticketing of tomatoes, as at this time the first English tomatoes are coming on to the market along with those from Guernsey and Holland.

It has been found, despite the fact that Guernsey growers mark their produce "British Produce—grown in Guernsey" that "English" labels are sometimes placed on these tomatoes. Representation by the Chief Meat and Food Inspector has ensured that the correct country-of-origin label has been subsequently attached.

Occasionally meat, salmon, and apples from overseas have either been wrongly marked or not ticketed at all. The attention of the owner, manager or person in charge of the shop or stall has been drawn to the relevant order, and no further action has been necessary.

## **RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951**

Fourteen premises are registered under Section 2 of the Act, i.e. premises where filling materials are used. No premises are registered under either Section 6 or 7, i.e. premises where rag flock is manufactured or stored. Twelve samples were taken during the year, all of which have been satisfactory.

### **FOOD PREMISES**

The following is a list of premises in the Borough where food businesses are carried out :—

A. Bakehouses	...	...	...	...	...	118
B. Butchers' Shops	...	...	...	...	...	189
C. Fish and Chip Shops	...	...	...	...	...	129
D. Restaurants, Cafes, Snack Bars, etc.	...	...	...	...	...	317
E. Residential Catering (Hotels, Boarding Houses, etc.)	...	...	...	...	...	3,810
F. Ice Cream Premises	...	...	...	...	...	36
G. Licensed Premises, Clubs, etc.	...	...	...	...	...	207
H. Retail Food Shops	...	...	...	...	...	1,160
I. Food Factories, etc.	...	...	...	...	...	68
J. Factory and Works Canteens	...	...	...	...	...	53
K. Dairies	...	...	...	...	...	3
L. Stalls	...	...	...	...	...	58
M. Miscellaneous	...	...	...	...	...	15

### **MILK SUPPLY**

The following is a list of milk purveyors in the Borough :—

Milk Stores (large depots)	...	...	...	...	7
Milk Shops selling by retail (loose milk)	...	...	...	...	—
Dairymen's premises (not including farmers)	...	...	...	...	11
Distributors of bottled milk from retail shops	...	...	...	...	362
Dairymen using registered dairies other than own premises	...	...	...	...	33

## **MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1960**

The following licences under the above regulations were in operation at the end of the year, 1963 :—

### **Licensed Bottling Establishments :**

Pasteurised	...	...	...	...	...	1
Tuberculin Tested (licence issued by Ministry)	...	...	...	...	...	1

### **Dealers' Licences (Prepacked Milk) :**

Tuberculin Tested	...	...	...	...	...	123
Pasteurised	...	...	...	...	...	310
Sterilised	...	...	...	...	...	271

### **CHEMICAL ANALYSIS OF MILK**

The number of milk samples taken during the year was 111, and of these 92 proved satisfactory.

## BACTERIOLOGICAL SAMPLING RESULTS

### Methylene Blue Test

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
T.T. .. .. .	77	19 and 9 void	21	3
*T.T. (Pasteurised) .. ..	67	1 and 2 void	—	—
*Pasteurised .. .. .	36	2 void	23	1 void

\*Note.—The Milk (Special Designation) Regulations, 1963, provide that from 29th September, 1963 until 31st December, 1964, milk pasteurised under licence in accordance with the Regulations may be sold as either Pasteurised Milk or Tuberculin Tested Milk (Pasteurised).

### Phosphatase Test

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
T.T. (Pasteurised) .. ..	70	—	—	—
Pasteurised .. .. .	38	—	24	—

### Animal Inoculation Test

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
T.T. (For Tuberculosis) ..	49	—	9	—
T.T. (For Brucellosis) ..	44	2	9	—

### Turbidity Test

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Sterilised .. .. .	72	—	—	—

## MANUFACTURE AND SALE OF ICE CREAM

Three successive bad Summers, 1960, 1961, and 1962 had produced a depression in the ice cream sales which, coupled with the imposition of purchase tax forced them down to an extent which no-one could have forecast. From the manufacturers viewpoint the 15% tax slapped on ice cream was disastrous. It is said that sales fell by 20% in 1962 and that this past year saw another 20% to 30% lopped off turnover.

Again the vicissitudes of the lollipop tax and bad weather combined to make 1963 another miserable year for them and like Mr. Micawber “they waited for something better to turn up”—in vain.

As Mr. R. E. A. Peters, a members of the Council of the Ice Cream Federation said “many millions have been spent in order to produce and market a range of goods of high quality and taste appeal, and during the past 15 years we have been able to play an important part in the nation’s diet. It is in this field that the inequity is most clear. We are competing for the housewife’s attention against custard, cake, puddings, biscuits, fruit, cream, yoghurt and many other foodstuffs yet of all the foods which grace her table, ice cream alone has to bear the burden of purchase tax.”



One has heard the manufacturers described as inveterate grumblers but incurable optimists—certainly they had cause to grumble and little over which to enthuse during 1963.

**Registration of Manufacturers and Purveyors**

The total number of manufacturers is now 33. At the beginning of the season, several shops keepers, wooed by the blandishments of enthusiastic salesmen and the lattering if fleeting appearance of the sun, were persuaded to install soft ice cream machines. After a brief flirtation, the weather turned sour and they then returned to their first love, the retailing of nationally branded products.

Retail selling points increased, and these now number 600.

**Premises**

The structural condition of the premises used in the manufacture of ice cream was satisfactory, and accommodation in all cases was adequate. Retail selling points operated satisfactorily during the year.

**Equipment**

Expensive purpose-made vehicles from which soft ice cream as well as the more traditional products are sold, have appeared on the streets in increasing numbers during the year.

It has been mentioned on more than one occasion how progressive is the trade as a whole and since the ice cream business is a highly competitive one, particularly in this premier resort of ours, new and better equipment, whether British or Foreign manufactured, is installed as and when it becomes available on the market.

**Sampling**

For the purpose of analysis 23 samples were taken for chemical and 82 for bacteriological examination.

**Chemical**

The operative regulations remain the Food Standards (Ice Cream) Regulations, 1959.

(a) The standards lay down a minimum of 5% fat and solids other than fat  $\frac{1}{2}\%$  for ordinary ice cream, whilst dairy cream must contain not less than 5% milk fat and  $7\frac{1}{2}\%$  solids other than fat. Parev (Kosher) Ice Cream must contain not less than 10% fat and no milk fat or any other derivatives of milk.

(b) No ice cream of any description must contain any artificial sweetener.

An amendment in 1963 permitted the addition of sugar to the complete cold mix powder after heat treatment.

With one exception all the samples taken in the Borough in 1963 satisfied the requirements of these Regulations. The exception was an informal sample of soft ice cream which was found to be deficient in fat (3.6%) but the follow up sample taken formally was found to be genuine (7.2%). It was subsequently discovered that an employee had inadvertently added twice as much water to the mix as he should have done.

A comparative classification of the fat content in the samples for the years 1961, 1962, and 1963, is shown in the following table.

Classification of Fat Content %		1961	1962	1963
Over 5	Below 5	—	—	1
	Below 6	1	4	2
	Below 7	1	2	3
	Below 8	3	3	1
	Below 9	4	3	5
	Below 10	5	4	5
Over 10		12	10	6
		26	26	23

Samples taken on the sands gave the following fat percentages in relation to the respective manufacturers coded A to F.

Manufacturer	A	B	C	D	E	F
Per Cent Fat ..	9.1	6.3	9.4	8.7	9.2	11.4

Under paragraph 6(a) it will be noted that in relation to the fat content the legally prescribed minimum is 5%. By special condition inserted in the licence to trade on the sands, however, it is required that ice cream sold from stalls on the sands must contain not less than 8% of fat.

Samples from manufacturer (B) have for the past six years been entirely satisfactory, and in the circumstances rather than revoke the licence, it was felt that a warning letter from the Town Clerk would suffice to ensure satisfactory samples in the future.

**Bacteriological**

The following table shows the grading of the 82 samples submitted for examination by the methylene blue test.

Class of Mix	Provisional Grade				Totals
	1	2	3	4	
Heat Treated ..	56	2	5	3	66
Cold ..	9	3	3	1	16
Total ..	65	5	8	4	82

Grades 1 and 2

1960	76.9
1961	91.1
1962	77.3
1963	85.4

Grades 3 and 4

1960	23.1
1961	8.8
1962	22.7
1963	14.6

**Summary**

Whatever image the Ice Cream Industry has projected—"more than a treat a food"—it is still the aim of every manufacturer to sell as much of his ice cream as he can, and if the customer will not come to him he must take his product to the customer. Before the war, impulse sales, as typified in street trading—the "stop me and buy one" technique—were responsible for a great deal of business. One wonders if the wheel has come full circle and we are back to a more efficient and affluent version of a once favoured method with keen rivalry from competing purpose-made vehicles, each with its own distinctive signature tune, dispensing both soft and hard ice creams in a variety of shapes and flavours. There is no doubt that the man in the corner shop has felt the impact of this form of selling.

It is gratifying to report that the bacteriological results improved over 1962—the continued use of soft ice cream machines and the initial lax sterilisation techniques meant that some of the samples fell within grades 3 and 4. The proselytizing work of preaching efficient cleansing and sterilisation procedure to such operatives paid off, for towards the end of the season any sample other than Grade 1 was a rarity.

In conclusion it is again a pleasure to congratulate one of our manufacturers on his success at the Royal Dairy Show—not only did the "Velvet Kind" win two Silver Medals but it also took the Silver Challenge Trophy in the Horizontal Freezer Class—incidentally for the second time in national competition.

# FOOD AND DRUGS ACT, 1955

Article	Number of samples of each article examined			Number of samples of each article regarded as adulterated		
	Formal	Informal	Total	Formal	Informal	Total
Actal .. .. .	—	1	1	—	—	—
Alolphon Pills .. .. .	—	1	1	—	—	—
Aludrox .. .. .	—	1	1	—	—	—
Anchovies, flat fillets of .. .. .	—	1	1	—	—	—
Apricots, dried .. .. .	1	—	1	—	—	—
Bakewell Filling .. .. .	—	1	1	—	1	1
Baking Powder .. .. .	1	—	1	—	—	—
Beans and Frankfurters .. .. .	—	1	1	—	—	—
Beans, baked with Baconburgers .. .. .	—	1	1	—	—	—
Bean Sprout .. .. .	—	1	1	—	—	—
Beef, corned .. .. .	—	2	2	—	—	—
Beef Loaf, corned .. .. .	—	2	2	—	—	—
Beef, Milano .. .. .	—	1	1	—	1	1
Beef, Roma .. .. .	—	1	1	—	1	1
Beef Spread with Butter .. .. .	1	—	1	—	—	—
Benadryl Elixir .. .. .	—	1	1	—	—	—
Benylin Expecto- rant .. .. .	—	1	1	—	—	—
Bicarbonate of Soda .. .. .	1	1	2	—	—	—
Bilberries, dried .. .. .	—	1	1	—	—	—
Blackcurrant Health Drink .. .. .	—	1	1	—	—	—
Broth, Scotch .. .. .	—	1	1	—	—	—
Butter .. .. .	11	—	11	—	—	—
Cake Mixture .. .. .	8	2	10	2	—	2
Carmelle with Caramel Topping .. .. .	—	1	1	—	—	—
Caraway Seeds .. .. .	—	1	1	—	—	—
Cheese, Blue .. .. .	1	—	1	—	—	—
Cheese, Derby .. .. .	1	—	1	—	—	—
Cheese, grated Parmesan .. .. .	—	1	1	—	—	—
Cheese Flaps with Tomato Sauce .. .. .	—	1	1	—	—	—
Cheese, Lancashire .. .. .	1	—	1	—	—	—
Cheese, prepared .. .. .	—	1	1	—	—	—
Cheese Slices, processed Cheshire .. .. .	1	—	1	—	—	—
Cheese Spread, with Shrimp .. .. .	1	—	1	—	—	—
Cherries, glace .. .. .	2	—	2	—	—	—
Chicken, boneless .. .. .	—	1	1	—	—	—
Chicken Capri .. .. .	—	1	1	—	1	1
Chicken in Jelly .. .. .	—	2	2	—	—	—
Chicken, fillets of .. .. .	—	1	1	—	—	—
Chicken, minced .. .. .	—	1	1	—	1	1
Chicken and Mushrooms, curried .. .. .	—	1	1	—	1	1
Chicken Princess .. .. .	—	1	1	—	—	—
Chili-con-Carne .. .. .	—	1	1	—	—	—
Chole- dyl .. .. .	—	1	1	—	—	—
Chop Suey .. .. .	—	1	1	—	—	—
Chops, Lamb with carrots and gravy .. .. .	—	1	1	—	—	—
Coconut, desiccated .. .. .	2	—	2	—	—	—
Coconut Ice .. .. .	1	—	1	—	—	—
Cod Roe .. .. .	—	1	1	—	—	—
Coffee .. .. .	1	1	2	—	—	—
Coffee, instant .. .. .	—	1	1	—	—	—
Colour, Strawberry Red .. .. .	—	1	1	—	—	—
Confectionery, cakes and biscuits .. .. .	3	4	7	—	—	—
Confectionery, sweets .. .. .	—	5	5	—	—	—
Cornflour .. .. .	2	—	2	—	—	—
Crab, dressed .. .. .	—	1	1	—	—	—
Cream .. .. .	—	7	7	—	—	—
Cream, double .. .. .	—	2	2	—	—	—
Cream, pure .. .. .	—	1	1	—	—	—
Cream, sterilised .. .. .	—	1	1	—	—	—
Currants .. .. .	3	—	3	—	—	—
Curry, beef and beans .. .. .	—	1	1	—	—	—
Curry, chicken .. .. .	—	1	1	—	—	—
Curry, mutton .. .. .	—	1	1	—	—	—
Custard Powder .. .. .	1	—	1	—	—	—
Dates .. .. .	—	1	1	—	—	—
Dequadin Lozenges .. .. .	—	1	1	—	—	—
Dripping .. .. .	1	—	1	—	—	—
Epanutin .. .. .	—	1	1	—	—	—
Essence, Vanilla .. .. .	—	1	1	—	—	—
Fat, cooking .. .. .	2	—	2	—	—	—
Fat, pure .. .. .	1	—	1	—	—	—
Ferromyn .. .. .	—	1	1	—	—	—
Fish Cakes .. .. .	—	1	1	—	—	—
Fish Paste .. .. .	1	2	3	—	—	—
Flour, Plain .. .. .	2	—	2	—	—	—
Flour, Self-Raising .. .. .	3	—	3	—	—	—
Foam Crystals .. .. .	—	1	1	—	—	—
Frankfurters .. .. .	1	—	1	—	—	—
Fritter Mixture .. .. .	—	1	1	—	—	—
Fruit, mixed .. .. .	1	—	1	—	—	—
Gelusil .. .. .	—	1	1	—	—	—
Gin .. .. .	1	—	1	—	—	—
Carried forward .. .. .	56	78	134	2	6	8



Article	Number of samples of each article examined			Number of samples of each article regarded as adulterated		
	Formal	Informal	Total	Formal	Informal	Total
Brought forward .. ..	56	78	134	2	6	8
"Glo" .. ..	—	1	1	—	—	—
Golden Raising Powder .. ..	1	—	1	—	—	—
Grapefruit Juice .. ..	—	1	1	—	—	—
Grill, London .. ..	—	1	1	—	—	—
Ham, chopped .. ..	—	2	2	—	—	—
Ham and Chicken Roll .. ..	—	1	1	—	—	—
Ham with Pork, chopped .. ..	—	1	1	—	—	—
Hamburgers with Gravy .. ..	—	1	1	—	1	1
Herrings, kippered .. ..	—	1	1	—	—	—
Herring Tid Bits .. ..	—	1	1	—	—	—
Hescopal .. ..	—	1	1	—	—	—
Ice Cream .. ..	5	14	19	—	1	1
Ice Cream, Dairy .. ..	1	3	4	—	—	—
Ice Cream Mixture .. ..	—	1	1	—	—	—
Ice Lolly Syrup .. ..	—	1	1	—	—	—
Jam .. ..	—	4	4	—	—	—
Jelly, table .. ..	—	8	8	—	—	—
Kidneys, braised .. ..	—	1	1	—	—	—
Lard .. ..	6	—	6	—	—	—
Lemon Cheese .. ..	—	1	1	—	—	—
Lentils, split red .. ..	1	—	1	—	—	—
Macaroni Cheese .. ..	—	1	1	—	—	—
Margarine .. ..	9	3	12	—	—	—
Marzipan .. ..	3	—	3	—	—	—
Meal, fine .. ..	1	—	1	1	—	1
Meat Paste .. ..	1	4	5	—	—	—
Meat, Pork Luncheon .. ..	—	2	2	—	—	—
Meat, potted .. ..	—	1	1	—	—	—
Milk .. ..	11	100	111	8	11	19
Milk, condensed .. ..	—	1	1	—	—	—
Milk, Top of the .. ..	—	1	1	—	—	—
Mincemeat .. ..	—	1	1	—	—	—
Mushrooms, creamed .. ..	—	1	1	—	—	—
Mycardol .. ..	—	1	1	—	—	—
Mysoline .. ..	—	1	1	—	—	—
Nacton .. ..	—	1	1	—	—	—
Nutmeg, ground .. ..	1	—	1	—	—	—
Nut Mix .. ..	—	1	1	—	—	—
Oatmeal .. ..	—	1	1	—	—	—
Onion Flakes, dehydrated .. ..	—	1	1	—	—	—
Panadol .. ..	—	1	1	—	—	—
Pancake Mix .. ..	—	1	1	—	—	—
Pastry Mix .. ..	2	—	2	—	—	—
Pastry, Puff .. ..	1	—	1	—	—	—
Pate-de-Fois Truffle .. ..	—	1	1	—	—	—
Paynosil .. ..	—	1	1	—	—	—
Peas, dried .. ..	—	1	1	—	—	—
Pepper, ground, white .. ..	2	—	2	—	—	—
Peppers, sweet, red .. ..	—	1	1	—	—	—
Peritrate .. ..	—	1	1	—	—	—
Pie, steak and kidney .. ..	—	1	1	—	—	—
Pie Filling, apple and date .. ..	—	1	1	—	—	—
Pork 'n' Ham .. ..	—	1	1	—	—	—
Potato, Instant, mashed .. ..	—	1	1	—	—	—
Priscol .. ..	—	1	1	—	—	—
Prodexin .. ..	—	1	1	—	—	—
Pudding, creamed Rice .. ..	—	3	3	—	1	1
Pudding, creamed Sago .. ..	—	1	1	—	—	—
Pudding, Currant .. ..	1	—	1	—	—	—
Pudding, Instant .. ..	—	1	1	—	—	—
Pudding, Meat .. ..	—	1	1	—	—	—
Pudding, Mix .. ..	1	—	1	—	—	—
Pudding, Rice .. ..	—	3	3	—	—	—
Raisins .. ..	1	—	1	—	—	—
Rennet, Essence of .. ..	—	1	1	—	—	—
Ricc .. ..	1	—	1	—	—	—
Rice Creamola .. ..	—	1	1	—	—	—
Rice, Long Grain .. ..	—	1	1	—	—	—
Rice, Spanish .. ..	—	1	1	—	—	—
Rum .. ..	1	—	1	—	—	—
Sago .. ..	1	—	1	—	—	—
Salmon .. ..	—	1	1	—	—	—
Salmon, Pink .. ..	—	1	1	—	—	—
Salmon, potted, with Butter .. ..	—	1	1	—	—	—
Salmon Trout .. ..	—	1	1	—	—	—
Sandwich Spread, Date .. ..	1	—	1	—	—	—
Sardines .. ..	—	1	1	—	—	—
Sauce, Apple .. ..	—	1	1	—	—	—
Sauce, Chop .. ..	1	—	1	—	—	—
Sausage, Hot Dog in Brine .. ..	—	1	1	—	—	—
Sausage, Pork .. ..	—	1	1	—	—	—
Shrimp, Wet pack .. ..	—	1	1	—	—	—
Soft Drink .. ..	—	9	9	—	—	—
Carried forward .. ..	109	287	396	11	20	31

Article	Number of samples of each article examined			Number of samples of each article regarded as adulterated		
	Formal	Informal	Total	Formal	Informal	Total
Brought forward .. ..	109	287	396	11	20	31
Solprin Tablets .. ..	—	1	1	—	—	—
Soup, Chicken and Vegetable .. ..	1	—	1	—	—	—
Soup, Leek .. ..	—	1	1	—	—	—
Soup .. ..	2	1	3	—	—	—
Spaghetti .. ..	—	1	1	—	—	—
Spaghetti-a-la-Romano .. ..	—	1	1	—	—	—
Spaghetti Bolognese .. ..	—	2	2	—	—	—
Spaghetti Milanese .. ..	—	1	1	—	—	—
Sponge Mix .. ..	—	1	1	—	—	—
Steak, Casserole with Gravy .. ..	—	1	1	—	—	—
Steak Fillets in Gravy .. ..	—	2	2	—	1	1
Steak, Irish, stewed .. ..	—	1	1	—	—	—
Steak, minced with Spaghetti .. ..	—	1	1	—	—	—
Steak, minced with Spaghetti and Tomato ..	—	2	2	—	—	—
Steak and Onions .. ..	—	1	1	—	—	—
Steak, prime in rich gravy .. ..	—	1	1	—	—	—
Steak, stewed with gravy .. ..	—	1	1	—	—	—
Steak and Vegetables .. ..	—	1	1	—	—	—
Stew, Irish .. ..	—	2	2	—	1	1
Stuffing, Parsley and Thyme .. ..	1	—	1	—	—	—
Stuffing, Sage & Onion with Shredded Suet	1	—	1	—	—	—
Suet, Shredded Beef .. ..	2	—	2	—	—	—
Sugar, Sucron .. ..	—	1	1	—	—	—
Tapioca .. ..	—	1	1	—	—	—
Thyme and Parsley .. ..	1	—	1	—	—	—
Tomato Juice .. ..	—	2	2	—	—	—
Tomato Ketchup .. ..	1	—	1	—	—	—
Tongue, Ox .. ..	—	1	1	—	—	—
Turkey, minced in Jelly .. ..	—	1	1	—	—	—
Veal, Sorrento .. ..	—	1	1	—	1	1
Vegetables, mixed .. ..	1	—	1	—	—	—
Vinegar, Malt .. ..	8	—	8	—	—	—
Vinegar, Wine .. ..	1	—	1	—	—	—
Whisky .. ..	2	—	2	—	—	—
TOTAL .. ..	130	316	446	11	23	34

# DETAILS OF ACTION TAKEN AND RESULTS OF ANALYSIS IN RESPECT OF SAMPLES REPORTED BY THE PUBLIC ANALYST AS BEING UNSATISFACTORY

Sample No.

- 4    **Cake Mix (Formal)**  
The sample did not conform to the requirements of the Labelling of Food Order. Reported to the Related Health Services Committee. The Town Clerk was requested to draw the attention of the manufacturers to the contravention.
- 7    **Fine Meal (Formal)**  
The sample consisted of oatmeal incorrectly labelled "Fine Meal". Reported to the Related Health Services Committee. The Town Clerk was requested to draw the attention of the manufacturers to the contravention.
- 10   **American Cake Mix (Formal)**  
The sample did not conform to the requirements of the Labelling of Food Order. Reported to the Related Health Services Committee. The Town Clerk was requested to draw the attention of the manufacturers to the contravention.
- 17   **Curried Chicken and Mushroom (Informal)**  
The description "Curried Chicken and Mushrooms" was unsatisfactory for this sample, which contained only 22% of chicken. Reported to the Related Health Services Committee. The Town Clerk was requested to draw the manufacturers' attention to the Analyst's report.
- 25   **Steak Fillets in Gravy (Informal)**  
The description "Steak Fillets in Gravy" was unsatisfactory for this sample which contained only 59% of meat. Reported to the Related Health Services Committee. The Town Clerk was requested to draw the manufacturers' attention to the Analyst's report.
- 64   **Real Minced Chicken (Informal)**  
The description "Real Minced Chicken" was unsatisfactory for this sample which consisted of chicken and added water. Reported to the Related Health Services Committee. The Town Clerk was requested to draw the manufacturers' attention to the Analyst's report.
- 132   **Hamburgers with Gravy (Informal)**  
The sample consisted of hamburgers with gravy and vegetables, and the description was unsatisfactory. Reported to the Related Health Services Committee. The Town Clerk was requested to draw the attention of the manufacturers to the report of the Food Standard Committee on canned meats, and to the unsatisfactory description of this product.
- 144   **Milk (Informal)**  
The milk was sub-standard but genuine milk, deficient in solids-not-fat to the extent of 4.7%. The deficiency was not considered due to the presence of extraneous water. Reported to the Related Health Services Committee. The suppliers were informed of the report, as was the Area Milk Advisory Officer.
- 145   **Milk (Informal)**  
The sample was sub-standard but genuine milk, deficient in solids-not-fat to the extent of 7.0%. Action taken as for Sample No. 144.
- 146   **Milk (Informal)**  
The sample was sub-standard but genuine milk, deficient in solids-not-fat to the extent of 3.5%. Action taken as for Sample No. 144.
- 147   **Milk (Informal)**  
The sample was sub-standard but genuine milk, deficient in solids-not-fat to the extent of 5.9%. Action taken as for Sample No. 144.



- 148 **Milk (Informal)**  
The sample was sub-standard but genuine milk, deficient in solids-not-fat to the extent of 4.7%. Action taken as for Sample No. 144.
- 149 **Milk (Informal)**  
The sample was sub-standard but genuine milk, deficient in solids-not-fat to the extent of 2.3%. Action taken as for Sample No. 144.
- 166 **Bakewell Filling (Informal)**  
The sample consisted of cake mixture containing an excess of acidity. Reported to the Related Health Services Committee and the manufacturer was notified in writing of the Public Analyst's report.
- 179 **Milk (Informal)**  
The sample was deficient in fat to the extent of 16.6%. Reported to the Related Health Services Committee. Formal samples to be taken. See under (Nos. 184 and 186).
- 184 **Milk (Formal)**  
The sample was deficient in fat to the extent of 16.6%. Reported to the Related Health Services Committee. "Appeal to Cow" samples to be taken. (See below).
- 186 **Milk (Formal)**  
The sample was deficient in fat to the extent of 16.6%. Action as for Sample No. 184.
- 187 **Milk. "Appeal to Cow" (Formal)**  
The sample was deficient in fat to the extent of 26.6% (compared with presumptive minimum established by the Sale of Milk Regulations). Reported to the Related Health Services Committee. The matter was referred to the Area Milk Advisory Officer and discussed with the farmer. The fat deficiency could be due to the late transfer of the animals to grass. The farmer is taking action to supplement the animals' feed and the matter is being kept under review.
- 188 **Milk. "Appeal to Cow" (Formal)**  
The sample was deficient in fat to the extent of 23.3%, and deficient in solids-not-fat to the extent of 0.6% (compared with the presumptive minimum established by the Sale of Milk Regulations). Action taken as for Sample No. 187.
- 189 **Milk. "Appeal to Cow" (Formal)**  
The sample was deficient in fat to the extent of 13.3%, and deficient in solids-not-fat to the extent of 0.6% (compared with the presumptive minimum established by the Sale of Milk Regulations). Action taken as for Sample No. 187.
- 190 **Milk. "Appeal to Cow" (Formal)**  
The sample was deficient in fat to the extent of 6.6% (compared with the presumptive minimum established by the Sale of Milk Regulations). Action taken as for Sample No. 187.
- 191 **Milk. "Appeal to Cow" (Formal)**  
The sample was deficient in fat to the extent of 6.6% (compared with the presumptive minimum established by the Sale of Milk Regulations). Action taken as for Sample No. 187.
- 192 **Milk. "Appeal to Cow" (Formal)**  
The sample was deficient in solids-not-fat to the extent of 1.1% (compared with the presumptive minimum established by the Sale of Milk Regulations). Action taken as for Sample No. 187.
- 248 **Soft Ice Cream (Informal)**  
The sample was deficient in fat to the extent of 28%. Reported to the Related Health Services Committee. A formal sample has since been taken which was "Genuine", and the matter will be kept under review.

255 **Irish Stew (Informal)**

The sample contained a piece of blackened potato, heavily contaminated with mould. Reported to the Related Health Services Committee and the Town Clerk has sent a warning letter to the manufacturers.

285 **Creamed Rice (Informal)**

The sample contained an excess of water. Reported to the Related Health Services Committee and a warning letter was sent to the manufacturers. A written explanation has been received from this firm stating that the excess water was probably due to a faulty homogeniser at the factory and this has now been replaced.

356 **Chicken Capri (Informal)**

The sample was deficient in meat to the extent of 48.6% based on the recommendation of the Food Standards Committee Report on Canned Meat. Reported to the Related Health Services Committee, and the attention of the manufacturer was called to the matter. The Public Analyst indicated that he did not advise legal action as the question of meat content was only a recommendation and not a laid-down standard.

376 **Beef Roma (Informal)**

The sample was deficient in meat to the extent of 54.3% based on the recommendation of the Food Standards Committee Report on Canned Meat. Action taken as for Sample No. 356.

379 **Beef Milano (Informal)**

The sample was deficient in meat to the extent of 20% based on the recommendation of the Food Standards Committee Report on Canned Meat. Action taken as for Sample No. 356.

380 **Veal Sorrento (Informal)**

The sample was deficient in meat to the extent of 14% based on the recommendation of the Food Standards Committee Report on Canned Meat. Action taken as for Sample No. 356.

396 **Milk (Informal)**

The sample was sub-standard but genuine milk, deficient in solids-not-fat to the extent of 3.5%. Reported to the Related Health Services Committee. The deficiency was not caused by the presence of extraneous water, and further samples taken proved to be satisfactory.

397 **Milk (Informal)**

The sample was sub-standard but genuine milk, deficient in solids-not-fat to the extent of 3.5%. Action taken as for Sample No. 396.

398 **Milk (Informal)**

The sample was sub-standard but genuine milk, deficient in solids-not-fat to the extent of 1.1%. Action taken as for Sample No. 396.

408 **Milk (Informal)**

The sample contained 7.1% of extraneous water. Reported to the Related Health Services Committee. The sample had been taken on investigation at the farm at the request of the farmer. Further samples to be taken.

Total number of samples taken :—

(a)	Under the Food and Drugs Act, 1955	...	...	...	...	446
	Genuine	...	...	...	...	412
	Not Genuine	...	...	...	...	34
(b)	Under the Pharmacy and Medicines Act, 1941					9
	Genuine	...	...	...	...	9
	Not Genuine	...	...	...	...	Nil

Analyst's remuneration :—Fees in accordance with the Joint Negotiating Committee's Scale for Public Analysts.

## FERTILISERS AND FEEDING STUFFS ACT, 1926

During the year 15 samples were taken and the results received from the Public Analyst are set out below :—

Nature of Sample	Informal		Formal	
	Genuine	Not Genuine	Genuine	Not Genuine
Baby Bio .. .. .	1	—	—	—
Best Thirds .. .. .	1	—	—	—
Chick Crumbs .. .. .	1	—	—	—
Dried Blood .. .. .	1	—	—	—
Ewe and Lamb Pencils .. .. .	1	—	—	—
High Ratio Nitrogen Fertiliser .. .. .	1	—	—	—
Intensive Growing Pellets .. .. .	1	—	—	—
Lawn Reviver .. .. .	1	—	—	—
Liquid Green Fertiliser .. .. .	1	—	—	—
Soluble Blood .. .. .	—	1	—	—
Sow and Weaner Meal .. .. .	1	—	—	—
Tomorite .. .. .	1	—	—	—
Turkey Fattening Mash .. .. .	1	—	—	—
Velvetone Lawn Conditioner .. .. .	1	—	—	—
Weaners and Growers Mash .. .. .	1	—	—	—
<b>TOTALS .. .. .</b>	<b>14</b>	<b>1</b>	<b>—</b>	<b>—</b>

Action taken in respect of the sample which did not comply with the requirements of the Act is detailed below :—

Sample No.

### 4 Soluble Blood (Informal)

The sample contained 1.1% more nitrogen than the amount declared. The excess of nitrogen, which is not to the prejudice of the purchaser, is 0.6% outside the limits of variation permitted by the Fertilisers and Feeding Stuffs Regulations, 1960. Report to the Related Health Services Committees. No further action.

## PHARMACY AND MEDICINES ACT, 1941

Nature of Sample	Informal		Formal	
	Genuine	Not Genuine	Genuine	Not Genuine
Askit Powders .. .. .	1	—	—	—
Bi-sodol .. .. .	1	—	—	—
Borax and Honey .. .. .	1	—	—	—
Castor Oil .. .. .	2	—	—	—
Indigestion Tablets .. .. .	1	—	—	—
Molasses and Brewer's Yeast .. .. .	1	—	—	—
Saccharin Tablets .. .. .	1	—	—	—
Senokot .. .. .	1	—	—	—
Ten-Hour Influenza Mixture .. .. .	1	—	—	—
<b>Totals .. .. .</b>	<b>10</b>	<b>—</b>	<b>—</b>	<b>—</b>

## PROSECUTIONS, 1963

Month	Section	Contravention
March	Clean Air Act, 1956. Section 1.	Emission of dark smoke. <b>Fined £5/0/0.</b>
August	Food Hygiene (General) Regulations, 1960	Contravention of Regulations 6, 14, 16, 19, 23, 24. <b>Fined £5/0/0 on each of six Summons. £30/0/0.</b>
December	Food Hygiene (General) Regulations, 1960	Contravention of Regulations 6, 8, 14, 16, 18, 22, 23, 24. <b>Fined £13/0/0.</b>
December	Food Hygiene (General) Regulations, 1960	Contravention of Regulations 26 and 28. <b>Fined £3/0/0.</b>





COUNTY BOROUGH OF BLACKPOOL



THE HEALTH OF THE SCHOOL CHILD

# REPORT

of the

**PRINCIPAL SCHOOL MEDICAL  
OFFICER**

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**FOR THE YEAR 1963**





## To the Chairman and Members of the Education Committee of the Corporation of Blackpool.

Mr. Chairman, Ladies and Gentlemen.

I have the honour to present to you the Annual Report of the School Health Service during the year 1963. At the end of this year Dr. Mary Joel relinquished her office as First Assistant School Medical Officer and emigrated to New Zealand after over nine years in your service. The outstanding work and devotion to duty of Dr. Joel needs no comment from me, suffice it to say that she set a very high standard to emulate.

During the year a new School Clinic, which had been discussed for some time, has at last been completed. It is hoped that the opening of the clinic will be performed by Alderman J. H. Smythe, J.P., who was for many years Chairman of the Education Committee. It is considered fitting and appropriate that the opening of this clinic should occur during his year as Mayor of Blackpool. The building, costing approximately £35,000, is situate adjacent to the Municipal Health Centre. Previously the Child Guidance Clinic, the old School Clinic and Speech Therapy section were in separate buildings in different parts of the town. The new building brings all these activities under one roof. Besides being more conveniently situated for most people from the point of view of public transport, the proximity of the building to the local health services will provide greater opportunities for consultation. It cannot be too often emphasised that while the School Health Services must concentrate on specialised services towards the child, these must be correlated with the other health programmes of the community generally. The Health Committee are to be congratulated on providing a new clinic which must be to the satisfaction of the whole town. If the opportunities which this building now provides are to be fully realised, then continued emphasis must be placed on the modern concept of "comprehensive medicine." It is regretted that it has not been possible to include the services of the Consultant Paediatrician amongst those which are directly available to children under the care of the School Health Service, but pressure of work on the Consultant Paediatrician has necessitated his being employed full time by the Regional Hospital Board. The situation is being kept actively under review and will be considered again when trained assistance of Registrar grade becomes available.

The necessity for this will become increasingly apparent when the new school for physically handicapped children is completed next year. At the time of writing this year satisfactory progress has been made and it is hoped that this will be available for use at the commencement of the new academic year.

Whilst many of the physical defects of former days have virtually disappeared, the advances in medical treatment and improved social conditions have resulted in the survival of many children who in the past would have succumbed to their handicaps. In a seaside area such as this where many children are brought to reside by their parents because of disabilities it is certain that the physically handicapped school has a very useful function to perform in the future.

Today greatly increased use has been made of the facilities available at the Child Guidance Clinic. At the time when the health of the Blackpool school children, as measured by previous standards, would appear to be well above all previous standards, it is a matter of much concern that there should be so many emotionally disturbed school children. This is a national problem, the causes of which are manifold, but it is the purpose of the School Health Service to determine the cause and to effect a remedy.

We were fortunate this year in having made available to us the service of Dr. Rogers, Consultant Child Psychiatrist of the Regional Hospital Board. Owing to commitments at Lancaster and Preston he is only able to provide three sessions per week, one of which must be made available to children from the adjoining County. Much valuable work is being done; but it is doubtful if these sessions are sufficient to cope with the increasing volume of referrals. Very little time is now available for the important therapeutic work after a diagnosis has been made.

The educational aspect of the child guidance work has been vigorously pursued, and the later pages of the report will show a survey conducted by Miss Joyce, Educational Psychologist, amongst all 5-year old children. It is hoped that this can be repeated annually to provide assistance to teachers in their assessment of the child's capabilities.

As the service is developed and expanded it has become increasingly obvious that residential accommodation is required so that children can be kept under the supervision of the team which originally assessed them. It would appear that a hostel where a child could be kept under supervision and receive the necessary guidance and therapy whilst still being able to attend the normal school and the ordinary activities in the community would allow more appropriate procedures to be adopted than at present. At a time when there is a serious shortage of psychiatrists, psychologists and psychiatric social workers, any measure which will increase the effectiveness of their work must have serious consideration.

Greater concentration of effort is now being devoted to the child who shows any defect, and it is pleasing to be able to report that during the year there was an Audiometrician and a second Speech Therapist appointed to the staff of the School Health Service. It has now been possible to devote more time to those children who are handicapped by auditory defects. Many problems of the deaf child are unfortunately not nearly so well recognised as those of the visually handicapped. Unrecognised hearing defects can and do lead to delinquency, and maladjustment, and, until a correct diagnosis has been made, the child may be wrongly labelled as mentally retarded. In order to avoid a deep-seated psychological trauma as well as much unhappiness, it is essential that early detection and correct treatment, both medical and educational, is made available. Most of the school nurses have now attended a course organised by Professor Ewing's Department at Manchester University for the ascertainment of early defect of hearing in the young child. With the facilities that are now available there is no reason why any deaf child should not gain useful employment in later years.

1963 was a year in which Blackpool was fortunate to escape some of the major epidemics of infectious diseases which occurred in other parts of the country. There were no undue absences from school from this cause.

The B.C.G. acceptance of 55.5% is lower than that of the previous year, 61.1%. The importance of this measure in finally eliminating tuberculosis from the community does not appear to have been realised by all parents. During the year 5 children, age 0-15 years, were notified as suffering from pulmonary tuberculosis.

The importance of contact tracing in tuberculosis work cannot be over-emphasised, and we are grateful for the help and assistance which has been given by the Consultant Chest Physician.

In the year under review it is gratifying to be able to report the increase in services which have been made available to the school children in Blackpool. For this I should like to express my sincere thanks to the Chairman and Members of the Education Committee, and also the Chief Education Officer and his staff for their continuing help and encouragement. The members of all branches of the School Health Service have continued to give loyal and efficient service, even when the inevitable disruptions must occur due to changes of premises and staff.

I should also like to express my gratitude to the head teachers and their staff for providing the facilities which have ensured the smooth running of the School Health Service, therefore allowing each child to benefit from the excellent educational facilities which are now available.

D. W. WAUCHOB,  
Principal School Medical Officer.

Municipal Health Centre,  
Whitegate Drive,  
Blackpool.  
Tel. No. Blackpool 63232.



## **STAFF OF THE SCHOOL HEALTH SERVICE**

### **Principal School Medical Officer :**

David W. Wauchob, M.B., B.Ch., D.P.H.

### **Deputy Principal School Medical Officer :**

H. James, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

### **First Assistant School Medical Officer :**

Mary F. Joel, M.B., Ch.B. (Resigned 31.12.63)

### **Assistant Medical Officers :**

Marie J. Ribchester, L.R.C.P.&S. (Edin.), L.R.F.P.&S. (Glasgow)

Ivor J. Cope, M.R.C.S., L.R.C.P. (London)

Philip W. Lang, L.R.C.P., L.R.C.S. (Edin.)

Anne E. C. Jewsbury, M.B., Ch.B., D.Obst.R.C.O.G.

### **Consultant Ophthalmic Surgeon (Part-time) :**

Thomas S. Blacklidge, M.D., D.O.M.S.

### **Consultant Ear, Nose and Throat Surgeon (Part-time) :**

Ian B. Thornburn, M.B., Ch.B., F.R.F.P.S., F.R.C.S., D.L.O.

### **Child Psychiatrist (Part-time) :**

T. W. Rogers, M.B., Ch.B., D.P.M.

### **Senior Educational Psychologist :**

Mary Patricia Joyce, B.Sc.(Spec.), A.B.Ps.S., E.D.P.P.

### **Psychiatric Social Worker :**

Ruth Halsall, B.A.(Admin.), Manchester, A.M.I.A., A.A.P.S.W.

### **Social Worker :**

Margaret Parkinson, Dip.Soc.Sc. & Admin.

### **Principal School Dental Officer :**

Marshall Smith, L.D.S., R.C.S.(Eng.)

### **Consultant Dental Surgeon (Part-time) :**

H. Ackers, M.B., F.D.S., R.C.S.E., R.F.C.S.

### **Dental Officers :**

R. Martyn, L.D.S. (Liverpool)

H. Marshall, L.D.S.

Mrs. J. Hopkinson, L.D.S. (Manchester). (Part-time)

Mrs. D. A. J. H. Abbott, L.D.S., R.S.F.P.S.(G), (Part-time)

## **SCHOOL NURSES AND HEALTH VISITORS**

### **Superintendent Health Visitor/School Nurse :**

Miss C. R. Ryan, S.R.N., S.C.M., H.V., Nursing Admin. (P.H.) Cert.

### **Health Visitors/School Nurses :**

Mrs. A. Brining, S.R.N., S.C.M., H.V., Q.N.

Mrs. H. P. Brown, S.R.N., H.V.

Mrs. E. M. Butler, S.R.N., S.C.M., H.V.

Miss R. E. Giles, S.R.N., S.C.M., H.V.

Miss O. D. Hanson, S.R.N., S.C.M., H.V.

Miss C. Hardman, S.R.N., S.C.M., H.V.

Miss D. Harrison, S.R.N., S.C.M., H.V.

Mrs. M. Harrap, S.R.N., M.S.S.Ch., H.V.



Miss A. R. Hickson, S.R.N., S.C.M.  
 Miss A. E. Mansfield, S.R.N., S.C.M., H.V.  
 Mrs. B. Marsden, S.R.N., S.C.M., H.V., S.I.  
 Miss S. Morris, S.R.N., S.C.M., H.V.  
 Mrs. M. Moulding, S.R.N., S.C.M., H.V.  
 Miss M. Partington, S.R.N., S.C.M., S.R.F.N.  
 Miss M. Ryder, S.R.N., S.R.F.N., S.C.M., H.V.  
 Miss D. Salisbury, S.R.N., S.C.M., H.V.  
 Miss M. Saunders, S.R.N., H.V., Nursing Admin. (P.H.) Cert.  
 Miss L. M. Taylor, S.R.N., S.C.M., H.V.  
 Mrs. M. Thompson, S.R.N., S.C.M.  
 Miss P. Wroe, S.R.N., S.C.M., R.S.C.N., H.V.  
 Mrs. M. C. Johnstone, S.R.N., S.C.N., H.V. (Part-time)

**Student Health Visitor :**

Miss J. N. Parsonage, S.R.N.

**Clinic Nurses :**

Mrs. A. Dania, S.R.N.  
 Mrs. N. Davies, S.R.N., S.C.M.  
 Mrs. J. M. Fitzgerald-Lee, S.R.N.  
 Mrs. M. Hatton, S.R.N.  
 Mrs. M. E. Parker, S.R.N.

**Special Therapists :**

Miss M. Dodson, L.C.S.T.  
 Miss J. M. B. Blackwell, L.C.S.T.

**Physiotherapists :**

Miss S. J. Carroll, M.C.S.P.  
 Mrs. W. Shore, M.C.S.P. (Part-time)  
 Mrs. M. M. Noblett, M.C.S.P. (Part-time)

**Teacher of Lip-Reading (Part-time) :**

Miss M. Sandiford, B.A.,  
 Univ. Cert. for Teachers of the Deaf. Manchester University.

**Clerical Staff :**

Mrs. B. McKenna (Senior Clerk)  
 Miss J. Sheare  
 Miss I. Sealey  
 Miss M. Barnes  
 Mrs. M. Smith

**Dental Attendants :**

Miss C. Banks  
 Miss K. Bruce  
 Miss S. V. Silver  
 Mrs. W. Wood (Part-time)  
 Mrs. E. White (Part-time)

**Hygiene Assistant :**

Mrs. J. Williamson.

**COUNTY BOROUGH OF BLACKPOOL**

Area of Borough (including foreshore)—acres ... ..	10,3
Population (Registrar-General's latest official estimate) ... ..	151,3

					No. of Schools	No. of Pupils
Secondary Grammar	...	...	...	...	3	1,966
Secondary Modern	...	...	...	...	9	5,092
Primary	...	...	...	...	32	10,252
Special Day (E.S.N.)	...	...	...	...	1	137
Open Air	...	...	...	...	1	53
Residential School for Maladjusted	...	...	...	...	1	45
Direct Grant Grammar	...	...	...	...	3	1,857
Independent Grammar	...	...	...	...	1	413
Private and Preparatory	...	...	...	...	7	408
Total					58	20,223

### PREMISES

#### BENNETT AVENUE CENTRAL CLINIC (Medical and Dental)

Open daily, Monday to Friday	...	...	...	9.30 a.m. to 12 noon
				2.00 p.m. to 4.30 p.m.
Saturday	...	...	...	9.30 a.m. to 12 noon

#### Branch Clinics

##### ASHBURTON ROAD

Medical:	Open	Monday	...	...	...	...	9.30 a.m. to 12 noon
		Thursday		...	...	...	2.00 p.m. to 4.30 p.m.
Dental:	Open	Monday to Thursday	...	...			9.30 a.m. to 12 noon

##### ROSEACRE MEDICAL CLINIC (at Roseacre School)

Open Monday	...	...	...	9.30 a.m. to 12 noon
Thursday	...	...	...	2.00 p.m. to 4.30 p.m.

##### DENTAL CLINIC, 350 LYTHAM ROAD.

Open daily, Monday to Friday	...	...	...	9.30 a.m. to 12 noon
				2.00 p.m. to 4.30 p.m.
Alternate Saturdays	...	...	...	9.30 a.m. to 12 noon

In addition, the following Specialist Clinics are held:—

##### BENNETT AVENUE CLINIC

	No. of Sessions
Orthodontic work	2 per week
Ophthalmic Clinic	2 per week
Lip Reading Clinic	5' per week
Ear, Nose and Throat Specialist Clinic	1 per month

##### ASHBURTON ROAD CLINIC

Child Guidance Clinic	...	...	...	...	10 per week
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##### MUNICIPAL HEALTH CENTRE

Speech Clinic	...	...	...	...	10 per week
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### CO-ORDINATION

As in previous years, the liaison between the School Health Service, the Hospital staffs and the General Practitioners has been excellent. The majority of cases for the Child Guidance Clinic have been referred through the School Health Service, though occasionally a General Practitioner has been in direct contact with them. A special note of thanks should be made to the Head Teachers and their staffs, who have been most co-operative and helpful; the many visits by Doctors and Nurses and staff from the Child Guidance Clinic must have thrown a considerable burden on them.

Close co-operation exists between the various departments of the Local Authority, especially the Children's and Education Department, and the School Health Service.

The Committee dealing with problem families continues to meet every two months and this has proved helpful to many a child in need. In general, it has been the policy of this Committee to nominate one person to act as special adviser to the family, and I am sure that this has been of benefit.

### STAFF

We greatly regret that Dr. Joel, who has so ably carried out the day-to-day administration and clinic work in the School Health Service, has decided to leave the Department and emigrate to New Zealand, from the 31st December. This will inevitably result in a certain amount of reorganisation in the administration of the Department. Another stalwart to leave the Department was Dr. Ball, but we were very fortunate to obtain the services of Dr. Jewsbury.

The work of the Child Guidance Clinic has considerably increased during the past year, and Dr. Rogers, Consultant Child Psychiatrist, has joined the Department, taking the place of Dr. Grant. Dr. Rogers's arrival is particularly gratifying as he has been able to give the Clinic an extra session a week. Mr. Lanch, Senior Educational Psychologist, and Miss Percy, Educational Psychologist, left the Department: Miss Joyce was appointed to take Mr. Lanch's place.

For many years the Department has been under-staffed as regards Speech Therapists. In view of the very heavy work, Miss Blackwell's appointment was particularly welcome.

Miss Carroll, Senior Physiotherapist, has been on unpaid leave, but it is hoped that she will be resuming her work for the Department in 1964. In view of Miss Carroll's absence, it was gratifying to the Department to obtain the services of Mrs. Noblett as part-time Physiotherapist.

### SCHOOL HYGIENE

During the year, redecorations have been carried out in school and school kitchens as follows :—

#### Exterior :

- Arnold Girls' School;
- Montgomery School;
- Revoe Infants' School;
- Waterloo School;
- Tyldesley School;
- Prefabricated classrooms at Hawes Side Primary; Claremont Boys'; and Claremont Girls' Schools.
- Arnold Girls' School Kitchen, Dining Room;
- Revoe School Kitchen, Dining Room and Servery;
- Layton Central Kitchen;
- Palatine Central Kitchen.

#### Interior :

- Baines Endowed School;
- St. John's C. of E. School;
- Waterloo School;
- Claremont Boys' School;
- Claremont Girls' School;
- Revoe Infants' School Gymnasium;
- Holy Family School Kitchen, Dining Room;
- Arnold High School Kitchen, Dining Room;
- Grange Park School Kitchen, Storeroom;
- St. Wilfred's, Scullery;
- St. John's C. of E. School, Scullery;
- Grammar School Kitchen (window buttresses).



## PERIODIC MEDICAL INSPECTIONS IN SCHOOLS

All maintained schools in the area have been visited during the year for the purpose of medical inspection. Last year's innovation of doing the intermediate medical examination in the Junior Schools has resulted in certain problems, one of the main ones being the necessity of transferring medical information from the Primary to the Secondary School. The pilot scheme of selective medical examinations in the intermediate age group was extended to include all schools in this age group. The discussions between Head Teachers, Class Teachers, School Medical Officers and School Nurses are very profitable. It has meant that more time can be devoted to those children whose medical condition is likely to require closer supervision. The routine inspection of all Entrants and Leavers has been continued as before.

Year of Birth					Number inspected	
1959 and 1958 (Entrants)	...	...	...	...	1,232	
1957	...	...	...	...	417	
1956	...	...	...	...	71	
1955	...	...	...	...	29	
1954	...	...	...	...	19	
1953	...	...	...	...	268	
1952	...	...	...	...	532	
1951	...	...	...	...	505	
1950	...	...	...	...	193	
1949	...	...	...	...	340	
1948 (and earlier)	...	...	...	...	1,330	
Total					4,936	

Other examinations were carried out in the Schools as follows:—

Re-examinations	...	..	...	...	1,362
Special Inspections	...	...	...	..	339
Nurses' Survey (7+ Group)	...	...	...	...	1,472
Retests for Vision	...	...	...	...	4,692
Foot Inspections	...	...	...	...	1,626

Other School Work

Audiometer Tests	...	...	...	...	3,076
Total number of children immunised against Diphtheria	...	...	...	...	1,687

It will be seen that the number of medical examinations carried out is somewhat reduced. This is mainly due to the selective medical examination of the intermediate age group. On the other hand, re-examinations have increased by almost 100. The re-testing of vision has also considerably increased. Special note should be made of the increase in routine audiometer tests carried out in the Department, due to the appointment of a second Audiometrician.

Only one in approximately 200 children requires observation because of unsatisfactory general medical condition. This is a very satisfactory state of affairs.

The increase in the number of nose and throat defects in the past year appears to have been maintained, but has not risen, while the Heart figures, which rose in the previous year, have returned to the figures of former years.

There can be no doubt that, with the increased functioning of the Child Guidance Clinic, more children are being referred for emotional problems. Otherwise, findings vary very little from previous years.

## WORK OF THE HEALTH VISITOR/SCHOOL NURSES.

### (A) In the Schools

1. Routine cleanliness surveys at beginning of each school term, with a follow-up where necessary.
2. Special visits to schools in respect of outbreak of infectious diseases.
3. Routine vision tests and ensuring that spectacles have been obtained, when prescribed.
4. Assistance to School Medical Officers at routine medical inspections and immunisation sessions.
5. Consultation with Head Teachers with regard to special cases.
6. Foot inspections.

### (B) In the Clinics

1. Attendance at Maternity and Child Welfare Clinics.
2. Attendance, if needed, at Minor Ailment Clinics.
3. Supervision of the work of the Hygiene Assistant at the Cleansing and Scabies treatment Clinic.

### (C) In the Homes

1. Child Welfare visiting.
2. Special visits in connection with long absences from school.
3. Unsatisfactory conditions found at Cleanliness surveys
4. Follow-up of cases failing to attend for treatment at the Clinics.
5. Follow-up of cases after discharge from Hospital—to ascertain whether in need of home tuition etc.
6. Visits with regard to Sections 34 and 57 of the Education Act 1944.

### (D) Keeping of Statistical Records

The total number of visits made by the School Nurses during the year was as follows:—

To the homes	...	...	...	...	1,038
To the schools	...	...	...	...	570

Foot inspections carried out in schools totalled 1,626, and as in previous years many verrucas were found. These were treated in the School Clinics, or by private doctors or chiropodists.

The Clinic Nurses are responsible for the minor ailment clinics and for attendance at the Specialist Clinics.

## CLEANLINESS

Total number of cleanliness inspections during the year	36,246
Individual children infested	... .. 226

### Cleanliness Centres

During the year, 243 individual children attended the three clinics because of dirty heads, of which 214 were cleared; 29 children became reinfested more than once. These were all completely cleared by the end of the year.

Children attending Ashburton Road Clinic with Scabies totalled 26 during the year, all of whom were cleared. Cases dealt with in the other clinics totalled 11.

The Hygiene Attendant continued to visit Park School once a week, a total of 8 baths was given to one individual child.

We were again very grateful for old clothing brought to the Clinic; this was distributed among families whom we knew would be appreciative.

## SCHOOL MEDICAL CLINICS

There were 10,133 attendances in 1963 compared with 10,674 in 1962 and 11,529 in 1961. The largest groups were again diseases of the skin and accidents, and the minor ailments clinics.

The Eye Specialist continued to hold twice-weekly clinics at Bennett Avenue to deal with schoolchildren. The Ear, Nose and Throat Specialist again attended once a month to deal mainly with children having hearing difficulties.

The Enuretic Clinic continued to be held once a week. At the end of the year there was still a long waiting list for the Bell apparatus. The individual number of children attending the Clinic during the year was 103.

A total of 27 new cases were referred from the Clinics to the Physiotherapist during the year—18 for Light treatment, 2 for special exercises, and 7 for breathing exercises. Some of these cases came to the Clinic from the General Practitioners, and some from the Chest Physician. Light treatment is given for general debility, and for some skin cases, particularly Acne.

The number of cases of accidents referred from the School Clinics to the Casualty Department at Victoria Hospital was 66.

Special cases seen in the Clinic by the School Medical Officers under Sections 34 and 57 of the Education Act 1944 totalled 238. Ascertainment is being carried out as early as is practicable, so that if admission to a special school is desirable, a place can be found early in a child's school life. The benefits of early special education are showing, especially with deaf children.

	1963	1962	1961
Attendances at Medical Clinics ...	10,133	10,674	11,586
Number of ailments treated ...	5,646	5,490	6,190

### DETAILS OF CASES REQUIRING EXAMINATION, TREATMENT OR ADVICE AT THE MEDICAL CLINICS.

<b>SKIN</b>							
Diseases of the Skin ... ..	...	...	...	...	...	...	942
<b>EYES</b>							
Visual defects (including Squints) ... ..	...	...	...	...	...	...	929
External eye defects ... ..	...	...	...	...	...	...	210
Glasses for repair or replacement ... ..	...	...	...	...	...	...	339
<b>EARS</b>							
Deafness, earache etc. ... ..	...	...	...	...	...	...	473
<b>NOSE AND THROAT</b>							
Catarrh, sore throat, tonsillitis etc. ... ..	...	...	...	...	...	...	149
<b>ORTHOPAEDIC</b>							
Crippling defects, poor posture, flat feet ... ..	...	...	...	...	...	...	97
<b>NERVOUS DISORDERS</b>							
... ..	...	...	...	...	...	...	13
<b>PSYCHOLOGICAL CASES</b>							
Development ... ..	...	...	...	...	...	...	4
Stability (including Enuresis) ... ..	...	...	...	...	...	...	161
<b>MEDICAL CASES</b>							
Speech defects ... ..	...	...	...	...	...	...	21
Lymphatic Glands ... ..	...	...	...	...	...	...	4
Heart and circulation ... ..	...	...	...	...	...	...	1
Chest and Lung defects ... ..	...	...	...	...	...	...	30
Miscellaneous medical cases ... ..	...	...	...	...	...	...	405
<b>INFECTIOUS DISEASES</b>							
... ..	...	...	...	...	...	...	6



## SURGICAL CASES

Injuries, Sprains, Wounds	...	...	...	...	...	...	402
Abscesses, Boils	...	...	...	...	...	...	58
Burns, Scalds	...	...	...	...	...	...	36
Minor Surgical cases	...	...	...	...	...	...	133
Immunisation reactions	...	...	...	...	...	...	?

## OTHER EXAMINATIONS

(Including special cases (2 H.P. etc.): examinations for fitness for school; issue of employment and entertainment licences: issue of freedom from infection certificates: Boarded-out children:	...	1075
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## SPECIAL EXAMINATIONS CARRIED OUT BY THE SCHOOL MEDICAL OFFICERS

### Employment of children out of school hours

During the year, 404 examinations were carried out in connection with the granting of licences to work out of school hours. The majority of these licences were for delivering newspapers.

### Employment of children in entertainments

During the year, 47 examinations were carried out in respect of children applying for licences permitting them to take part in public entertainments. The majority of these licences were for children taking part in the annual Tower Ballet.

### Boarded-out children

There were 44 periodic examinations of boarded-out children carried out at the School Clinics during the year, by arrangement with the Children's Officer. Boarded-out children have also been examined and treated at the Clinic for minor ailments.

### Freedom from Infection Certificates

For the purpose of issuing freedom from infection certificates for children home on holiday from residential schools, 123 examinations were carried out before they returned to school.

### Teaching Staff

Candidates for Teachers' Training Colleges were examined as in previous years by the School Medical Officers, 83 such examinations being carried out. Also, 11 newly appointed teachers were medically examined. Arrangements were made, where necessary, for chest examinations to be carried out in the Chest Clinic at the Municipal Health Centre.

### Fitness for activities

The number of children examined in the Clinics and Schools re fitness for physical education, swimming, boxing, walking tours, etc., totalled 147.

## SPECIALIST TREATMENT

The Victoria Hospital deals with all surgical cases and emergencies referred from the School Clinics. Tonsil and adenoid operations are carried out by the Hospital Ear, Nose and Throat Surgeons. General medical cases are referred to the Hospital Paediatrician. Eye cases requiring operation or Orthoptic treatment are treated at the Hospital by the Eye Specialists. Other cases are referred to the appropriate Specialists.

The following cases were referred to Victoria Hospital during the year from the School Medical Clinics:—

For Orthoptic treatment	...	...	...	...	...	24
For Tonsil and Adenoid operation	...	...	...	...	...	57

Other Ear, Nose and Throat cases	...	...	...	...	...	48
Breathing Exercises	...	...	...	...	...	5
Casualties and emergencies	...	...	...	...	...	66
Skin cases	...	...	...	...	...	1
Orthopaedic cases	...	...	...	...	...	3
Paediatrician	...	...	...	...	...	26
Medical	...	...	...	...	...	2
Other cases	...	...	...	...	...	4

#### **Lancaster Moor Hospital**

During the year, three cases were referred from the Medical Clinic to Lancaster Moor Hospital, for Electro-encephalographic examination, for diagnosis of epilepsy.

#### **Preston Diagnostic Clinic**

Recommendations to the Diagnostic Clinic for examination and diagnosis of deafness in young children totalled four.

#### **Rodney House, Manchester**

Two children were referred to this Assessment Centre for Spastic Children.

### **ORTHOPAEDIC AND POSTURAL DEFECTS**

Children treated as In-Patients at Victoria Hospital	...	...	34
Children treated in the Orthopaedic Out-Patients Department at Victoria Hospital	...	...	83
Orthopaedic cases seen in the School Clinics	...	...	97

### **HEART DEFECTS**

At the Routine Medical Inspections in schools, two children were found to require treatment for defects of heart and circulation, and eighteen were put under observation. The necessary treatment and supervision were carried out. Severe cardiac defects were kept under continuous observation, and admitted to the Open Air School where necessary.

### **SPASTIC PARALYSIS**

In the Open Air School	...	...	...	...	...	8
At home, having home tuition	...	...	...	...	...	3
At home, under school age	...	...	...	...	...	1

### **CONVALESCENT TREATMENT**

During the year, delicate and debilitated children received treatment in Convalescent Homes, as follows:—

West Kirby Convalescent Home	...	...	...	...	...	11
Ormerod Convalescent Home, St. Annes	...	...	...	...	...	1

### **DISEASES OF THE SKIN**

The total number of skin lesions recorded at the Medical Clinics during the year was 942. These included Impetigo, Septic Abrasions, Warts, Eczema, Verucas, etc.

### **VISUAL DEFECTS**

Defects ascertained at Routine Medical Inspections in schools were as follows:—

Number of children requiring refraction	...	...	...	...	...	157
Number of observations (slight defective vision)	...	...	...	...	...	351
Wearing suitable glasses	...	...	...	...	...	309
Requiring retest	...	...	...	...	...	24

#### **Teachers' Survey in Schools—Vision Testing:**

Number inspected	...	...	...	...	...	...	4,692
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## REFRACTION CLINIC

(held at Bennett Avenue Clinic)

Number of children examined (including 17 young children referred from Infant Welfare Clinics for examination) ...	929
Number for whom spectacles were prescribed ...	453
Number, already wearing spectacles, for whom no change of lens was advised ...	312
Number referred for Orthoptic treatment at Victoria Hospital ...	24

The following is an analysis of the defects found among children for whom spectacles were prescribed:—

Simple Hypermetropia ...	61
Hypermetropic Astigmatism ...	45
Simple Myopia ...	276
Myopic Astigmatism ...	30
Hypermetropia with Strabismus ...	17
Other cases ...	24

## NOSE AND THROAT DEFECTS

At the Routine Medical inspections, 100 children were found to require treatment for nose and throat defects, including tonsillar sepsis and/or adenoids. In addition, 181 children were found to require observation for minor defects. The total number of children who received treatment at the Clinic was 149. Children referred to Victoria Hospital from the Clinics for tonsil and adenoid operation number 57. A number of school children were also referred to the Hospital directly by their private doctors. During the year 215 children received operative treatment for tonsils and adenoids, and 119 were admitted for other nose and throat defects.

## EAR DEFECTS

During the year, seven children were found, at Routine Medical inspection in schools, to be suffering from defects of the ear requiring treatment, as follows:—

Defective Hearing ...	4
Other cases ...	3

Treatment of 473 children was carried out in the School Clinics during the year, as follows:—

Defective Hearing ...	324
Middle Ear disease ...	10
Other cases ...	139

The Ear, Nose and Throat Specialist from Victoria Hospital continued to visit the Clinic at Bennett Avenue once a month. Details of cases seen are as follows:—

Number seen for examination by the E.N.T. Specialist ...	77
Number of Clinics ...	10

### Recommendations:

Examination under anaesthetic at Victoria Hospital ...	9
Treatment at Victoria Hospital ...	11
T. and A. operation ...	14
Review and retest ...	36
Regular audiometer tests ...	1
Front seat in class ...	4
Refer to Child Guidance Clinic ...	1
To be kept under observation ...	2
No further action at present ...	12



Group Audiometer Tests

Sweep tests for the 6+ age group were again carried out in schools to ascertain hearing defects as soon as possible. Children who show any hearing loss in the sweep test are first seen by a School Medical Officer and examined. If necessary they are then referred to the Ear, Nose and Throat Specialist, or to the Diagnostic Clinic at Preston.

Number seen in Schools	...	...	...	...	...	...	3,076
Number seen in Clinic	...	...	...	...	...	...	396
							<hr/> 3,472 <hr/>

Schools

Number of sessions	...	...	...	...	...	...	70
Number of children tested	...	...	...	...	...	...	3076
Number found to have defective hearing	...	...	...	...	...	...	376

Clinics

Number of children tested—New cases 85)	...	...	...	...	...	...	396
Reviews, 311)	...	...	...	...	...	...	
Number found to have defective hearing at first test	...	...	...	...	...	...	48
(and subsequently reviewed)	...	...	...	...	...	...	

Treatment recommended

Special Tuition (Lip Reading lessons)	...	...	...	...	...	...	2
School for Partially Hearing	...	...	...	...	...	...	1
Referral to E.N.T. Specialist Clinic	...	...	...	...	...	...	15

All children who show slight defective hearing in schools but not requiring any special treatment are kept under observation in the schools, and the teachers are asked to note their progress; they are also reviewed periodically at the Clinic.

PARTIALLY HEARING CHILDREN RECEIVING SPECIAL TUITION

Number of individual children who attended during 1963	...	...	...	...	...	...	11
--	-----	-----	-----	-----	-----	-----	----

One girl (born 16.4.54) suffers from high-tone deafness. Progress was maintained—voice is generally good now, and so are all sounds except “S” which requires constant attention. This child now has a “Multitone” hearing aid which she uses regularly.

One boy (born 15.6.50) continues to hold his own in a “B” class in a Secondary Modern School. General development is very good, with many interests and extensive general knowledge. His speech is satisfactory but sibilants require constant care and practice.

One boy (born 8.7.56) continued to attend for speech lessons until October 1963. By that time, his speech was intelligible and lessons were discontinued for the time being. I understand he is now making much quicker progress at school. His hearing and speech will be reviewed regularly.

One boy (born 3.3.55). Speech has been the main difficulty here, probably on account of deafness in early childhood. Hearing has improved since hospital treatment. Speech is now intelligible but some sounds, especially sibilants, still require attention.

One girl (born 27.6.52) continues to make satisfactory progress. Speech is very good. She moved into Tyldesley Secondary Modern School in September 1963 and was put into a “D” stream class of which she has been “top” for two months out of three. She uses a “Medresco” hearing aid regularly.

One girl (born 14.7.55) attended for her first lesson in watching and listening in May 1963. She is a Mongol and had some hearing loss, but this has responded to hospital treatment. Imitation of speech is improving slowly.

One girl (born 9.7.58) who is awaiting admission to the School for the Partially Hearing at Birkdale, has attended for lessons since May 1963. She is making normal progress for a child with considerable deafness. She has quite a good vocabulary and her speech is improving, but she is impatient when corrected on sounds which are difficult for her. She uses a "Medresco" hearing aid regularly and relies on it a great deal.

One girl (born 16.2.51) began lessons in Lipreading and Speech in November 1963. She has made good progress especially in voice production.

One boy (born 19.10.55) had Speech lessons and help with his reading from November 1962, until May 1963. Progress was good and speech satisfactory by May, so lessons were discontinued. I have seen him since, and his mother tells me he is now doing quite well at school. His hearing is satisfactory since removal of tonsils and adenoids.

One boy (born 16.4.52) is a Spastic and partially deaf. Progress is very slow. He **can** say all speech sounds, but clarity is variable in ordinary conversation. He is making some advancement in Reading. He wears a "Medresco" hearing aid constantly.

One girl (born 8.1.56) is a very bright pupil who has made excellent progress. She suffers from severe high-tone deafness, and goes to the School for the Partially Hearing at Birkdale in April 1964.

**Audiometer Tests**

Most of these, carried out by the Specialist Teacher in Lip Reading, have been at the School Clinic. The children tested have been (a) those referred by Doctors, Teachers, etc., because the hearing was suspect; (b) those known to have loss of hearing. Their hearing is checked regularly.

"Sweep" tests in Schools are now made by two part-time audiometricians.

**SPEECH CLINIC**

In September 1963 we were pleased to welcome a second Speech Therapist to the vacancy which had been open so long.

The numbers of children receiving treatment have greatly increased, as is shown by a comparison of this year's figures with last year's. The age range of children receiving treatment varies from the three-year-old to the school leaver.

Now that the work can be shared between two Therapists, there is more time to give to schools. One session a week is held at the Open Air School, where seven children (the majority Cerebral Palsied) receive treatment and another weekly session is held at Park School for ten children. Home visits are made weekly to two children too handicapped to attend school. It has also been possible to resume routine school visits so that teachers and therapist can discuss cases. Children with speech defects are brought forward on these occasions and enough children can be called once a month to provide a Doctor's clinic, so that a physical examination can be made before the speech therapy begins.

The waiting list is always growing. Attendances vary and usually fall off during the school holidays. Some mothers who bring their children are to be highly commended for their regular attendances often for as long as two years; others take a brief look at the clinic for a couple of weeks and then default, thus depriving another child of a place in the meantime. However, on the whole, attendance is good.

Total attendances at Speech Clinic	...	...	...	...	...	2,301
Number of children receiving regular treatment at end of year	...	...	...	...	...	110



## Analysis of cases receiving regular treatment

Stammer ... ..	7
Stammer and incorrect sounds ... ..	5
Incorrect sounds ... ..	66
Interdental Sigmatism ... ..	18
Other defects ... ..	14
Total ...	110

Cases discharged during the year ... ..	60
New cases taken on ... ..	89
School visits during year ... ..	77
Home visits during year ... ..	46
Cases reviewed during year ... ..	305
Cases seen in Doctor's Clinic ... ..	62
Waiting list at end of year ... ..	31

## Referred to other Departments during year:—

Medical ... ..	8
Child Guidance ... ..	1

## CHILD GUIDANCE CLINIC

Psychiatric Clinic sessions held by—Dr. Grant ... ..	19
Dr. Rogers ... ..	82
New cases seen by—Dr. Grant (one session weekly) ... ..	8
Dr. Rogers ... ..	87
Cases for supervision or therapy—Dr. Grant ... ..	41
Dr. Rogers ... ..	189
Psychologist's interviews and tests in the Clinic ... ..	162
School, Clinic and Office visits ... ..	216
Cases tested in Schools ... ..	157
Group tests in Schools ... ..	164
Attendances for remedial and therapeutic work ... ..	134
Home Visits ... ..	15
Remedial teachers—discussion groups ... ..	5
September-October:—	
Individual Survey Reading Tests for 7-year-olds ... ..	1,147

## Psychiatric Social Worker:—

Home visits (new cases) ... ..	201
Clinic interviews (new cases) ... ..	29
Home visits (old cases) ... ..	607
Clinic interviews (therapeutic) ... ..	271
Social histories ... ..	115

This year has been one of considerable activity and change.

Dr. Rogers joined the Clinic as our first Consultant Children's Psychiatrist in June—this appointment is a new one by the Manchester Regional Hospital Board, and he has three weekly sessions in Blackpool. He is also consultant psychiatrist for Lancashire County Council at Preston and Lancaster. Dr. Grant left us in May when Dr. Rogers came to the Clinic. He had been with us since 1955, and we are most grateful for his help and support during the nine years he attended the Clinic.

Mr. Lanch, Senior Psychologist, left us at the end of August to take up the post of Lecturer in Educational Psychology at Loughborough Training College. During his six years at Blackpool he contributed greatly to the further development of the Child Guidance and School Psychological Services. In his place we welcome Miss M. P. Joyce, who comes to us from Derbyshire County Council.



Miss Percy, Educational Psychologist, left us at the end of June to take up the post of Educational Psychologist for Stoke County Borough, and we would like to thank her for her services also. So far we have been unable to fill her post.

During the year, Miss Joyce conducted a survey amongst all first year junior children in Blackpool with the object of (1) organising remedial classes, (2) obtaining details of children considered suitable for admission to Park School, (3) assisting the Head Teachers in their organisation within the junior schools, and (4) obtaining an overall picture of the educational standards and requirements in the Borough. From now on this will be carried out each September and it is hoped that the remedial teachers will take a considerable part in the operation of this survey.

Since Dr. Rogers came to the Clinic in June he has been seeing a minimum of three new cases each week and, as more children have been seen at the Clinic, we have become very aware of the fact that we are handicapped by the shortage of both residential accommodation and special day placement, apart from E.S.N. placement in the area, for children.

There have been regular visits each term by the Child Guidance team, together with the School Medical Officer, to Wennington Hall School, and a closer liaison between the Clinic and the School has built up during the year. Dr. Rogers and Miss Joyce are both visiting the school regularly to see individual children.

During the year, two social work students were attached to the Child Guidance Clinic for their period of practical work placement under the supervision of Miss Halsall, Psychiatric Social Worker, working with both the Child Guidance Clinic and the Adult Mental Health section. One student had completed her second year at Manchester University, studying for the Degree in Social Administration. She spent two months continuously in the department during the summer vacation. The second student started in September for a six months placement of three days weekly as part of his second year as a student of the Younghusband Social Work Course in Manchester.

These placements provide a stimulating link between professional staff employed by the Local Authority and the University and Colleges of Commerce. This practical work experience is an essential part of the training, and we feel in a small way that as a Local Authority we are contributing to the development of a trained social work service which will play an increasingly important part in the rapidly expanding field of the social services.

We are very grateful for the good co-operation with colleagues in both the Education and Health Departments, in Schools, and other fields of social service—this is so important if an efficient and integrated service is to be built up.

We look forward to moving to the new School Clinic as, particularly with the increase in number of staff, it has been progressively more difficult to provide adequate office accommodation for confidential interviews.

### **OPEN AIR SCHOOL**

The number of children in the Open Air School at the end of the year was 53. The number of children on the waiting list was 20. This will be relieved by the opening of the New Open Air School at Highfurlong, which it is hoped will be completed by the summer of 1964. The work of the Physiotherapists has tended to increase, and although Miss Carroll's valuable services were not available, the good work was continued. To obtain maximum benefit from physiotherapy, it is necessary to have treatment two or three times per week. The Paediatrician and Orthopaedic Surgeon from the Hospital continue to visit the School and to give helpful advice.

### Classification of children in School at end of year

	Boys	Girls
Chest and Asthma ... ..	7	7
Delicate and Debilitated ... ..	4	—
Spastic ... ..	7	3
Old Polio ... ..	—	1
Spina Bifida ... ..	1	2
Muscular Dystrophy ... ..	1	—
Cardiac ... ..	—	3
Bronchiectasis ... ..	1	—
Asthma and Eczema ... ..	2	—
Cataracts ... ..	1	—
Partially Sighted ... ..	1	—
Partially Hearing ... ..	—	1
Epilepsy and Petit Mal ... ..	2	—
Sturges-Weber Syndrome ... ..	1	—
Osteomyelitis ... ..	1	—
Kidney trouble ... ..	1	1
Orthopaedic defects ... ..	—	3
Severe scarring following burns ... ..	—	1
Brain Tumour ... ..	—	1
	30	23

### PARK SCHOOL

This School for educationally subnormal children has proved of great value. Regular discussions about progress are held each term between the Head Teacher Teachers, the First Assistant School Medical Officer and Educational Psychologists.

A system has been devised for routine reviews at two or three-year intervals. These are done by the Psychologists or the School Doctors.

All 15+ reviews are carried out by the First Assistant School Medical Officer so that the future of the child may be discussed with the parent, and later with the Youth Employment Officer. This arrangement has been satisfactory. If children are deemed to need supervision on leaving school, the parents are told that they may go to the Mental Welfare Department for help and guidance, should problems arise after leaving school. A brief history of children thought to require supervision is sent to the Mental Health Department for information after their review by the School Medical Officer.

### HOME TUITION

#### Number of children on home tuition at the end of December 1963

Blind and Partially Hearing ... ..	1
Spastic ... ..	3
Debility ... ..	2
Cardiac ... ..	2
Bronchiectasis ... ..	1
Haemophilia ... ..	1
Perthe's Disease ... ..	2
Other physically handicapped ... ..	7
Epileptic ... ..	2
	21

### CHEST CLINIC

There exists a good liaison between the Chest Physician, and members of the School Health Service. Home Tuition can be arranged at the request of the Chest Physician.

## B.C.G. VACCINATION IN SCHOOLS

Number offered B.C.G.	...	...	...	...	1,951
Number accepted	...	...	...	...	1,083
Percentage accepted	...	...	...	...	55.5
Number tested	...	...	...	...	1,101
Number negative	...	...	...	...	695
Number vaccinated	...	...	...	...	687
Number positive	...	...	...	...	343
Percentage positive	...	...	...	...	31.1
Number positive X-rayed	...	...	...	...	160
Number of abnormal X-rays	...	...	...	...	Nil

The percentage of acceptances for B.C.G. Vaccinations gives rise for considerable concern; last year it was 61.6%, and it is now 55.5%. This is unsatisfactory, and considerable effort will have to be made next year to improve this situation. The variation between different schools is considerable, varying from as high as 78.4% (in Arnold Girls' School) to as low as 35.4%. The percentage of positives has increased from 23.1% to 31.1%. This will make it advisable to find out at what age group this is most likely to take place, and attempts will be made during the next few years to do this. The number of positive children X-rayed has been considerably reduced by excluding those with a very mild positive reaction, and it is gratifying to find that no abnormalities were discovered among the 160 children X-rayed.

## PHYSIOTHERAPY

### Schoolchildren treated at the Health Centre

#### (a) Referred by Chest Physician

Breathing exercises	...	...	...	...	...	25
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#### (b) Referred by School Medical Officers

Breathing exercises	...	...	...	...	...	86
Foot exercises	...	...	...	...	...	58
Other exercises	...	...	...	...	...	43
Sunlight treatment	...	...	...	...	...	135
Children seen by First Assistant School Medical Officer	...	...	...	...	...	157
<b>TOTAL ATTENDANCES</b>	...	...	...	...	...	<b>4349</b>

### Cases treated at Open Air School

Number of sessions attended by Physiotherapist	...	...	...	66
Total number of treatments given	...	...	...	791

## INFECTIOUS DISEASES

	1963	1962	1961	1960
Scarlet Fever	12	20	45	110
Whooping Cough	3	2	7	60
Measles	299	433	359	369
Cerebro-Spinal Fever	—	2	4	1
Sonne Dysentery	4	8	1	17
Poliomyelitis	—	1	—	—
Food Poisoning	3	—	—	—
Encephalitis	—	1	—	—
Erysipelas	—	—	—	1
Virus Meningitis	1	—	—	—



## DIPHTHERIA IMMUNISATION

Number of children who received primary injections ...	...	90
Number of children who received "booster" doses ...	...	1597
TOTAL		1687

### HANDICAPPED PUPILS

BLIND						Boys	Girls	Total
At home, having home tuition	...	...	...	...	...	1	—	1
In residential schools	...	...	...	...	...	—	1	1
PARTIALLY SIGHTED								
In residential schools	...	...	...	...	...	1	—	1
Attending Day Special School for E.S.N.	...	...	...	...	...	1	—	1
Attending Open Air School	...	...	...	...	...	2	—	2
Attending Primary and Secondary Schools, under observation	...	...	...	...	...	3	3	6
DEAF								
In residential schools	...	...	...	...	...	4	2	6
PARTIALLY HEARING								
In Residential Schools	...	...	...	...	...	3	3	6
Awaiting place in Residential School (at present attending Open Air School)	...	...	...	...	—	—	1	1
Attending Primary and Secondary Schools, under observation (including children having Lip Reading tuition)	...	...	...	...	...	2	4	6
Under School Age	...	...	...	...	...	3	1	4
PHYSICALLY HANDICAPPED								
In Residential Schools	...	...	...	...	...	1	—	1
In Open Air School	...	...	...	...	...	12	14	26
In Day School for E.S.N.	...	...	...	...	...	2	—	2
At home, having home tuition	...	...	...	...	...	6	5	11
Attending Primary and Secondary Schools, under observation	...	...	...	...	...	34	31	65
Under school age	...	...	...	...	...	8	7	15
DELICATE								
In Residential Schools	...	...	...	...	...	—	1	1
In Open Air School	...	...	...	...	...	14	10	24
Attending Day School for E.S.N.	...	...	...	...	...	1	—	1
At home, having home tuition	...	...	...	...	...	6	1	7
Attending Primary and Secondary Schools, under observation	...	...	...	...	...	33	25	58
Under school age	...	...	...	...	...	1	—	1
DIABETIC								
Attending Primary and Secondary Schools, under observation	...	...	...	...	...	8	2	10
MALADJUSTED								
In Residential Schools	...	...	...	...	...	15	—	15
In Hostels, attending day schools	...	...	...	...	...	1	1	2
At home, having home tuition	...	...	...	...	...	1	—	1
EDUCATIONALLY SUBNORMAL								
In Residential Schools	...	...	...	...	...	2	2	4
On waiting list for residential school	...	...	...	...	...	1	—	1
In Day Special Schools	...	...	...	...	...	76	61	137

EPILEPTIC (including Petit Mal)						Boys	Girls	Total
In Residential Schools	...	...	...	...	...	4	—	4
Attending Open Air School	...	...	...	...	...	2	—	2
Attending Day School for E.S.N.	...	...	...	...	...	1	—	1
At home, having home tuition	...	...	...	...	...	2	—	2
Attending ordinary schools, under observation	...	...	...	...	...	14	13	27
Mentally retarded, under school age	...	...	...	...	...	7	5	12

#### SPEECH

Attending Day School for E.S.N.	...	...	...	...	—	1	1
Attending ordinary schools	...	...	...	...	2	—	2

#### SCHOOL DENTAL SERVICE

Principal School Dental Officer: Marshall Smith, L.D.S., R.C.S. (Eng.)

Number of pupils inspected at Routine Dental Inspection	...	14,688
Number of pupils inspected as Specials	...	763
Number of pupils treated in Clinics	...	4,454
Total attendances made for treatment	...	9,149
Number of general anaesthetics administered	...	2,524

#### Orthodontic cases

Total number of attendances	...	1,192
Cases completed during the year	...	89

The staff of the School Dental Clinics during the year under review was as follows:—

Chief Dental Officer; two full-time Assistant School Dental Officers, and two part-time Dental Officers—the equivalent of four full-time Dental Officers, together with three full-time Chairside Assistants, and two Part-time Assistants.

The severe weather at the beginning of the year had a marked effect on the number of absentees at the Clinics, and at Schools during Routine Dental Inspections. Some time was also lost through continued resignations of full-time and part-time Chairside Assistants, resulting in a slowing down of treatment while replacements were appointed. However, the total effect throughout the year was much less than might have been expected, and routine inspections were completed in a little under twelve months.

There was again a reduction of the number of Casuals attending the Clinics for the relief of toothache, and it was noted that there was a reduction in the numbers of those requiring treatment.

The Consulting Dental Surgeon continued to attend on two afternoons per week to treat children who required specialist Dental treatment, i.e. complicated Orthodontics and Oral Surgery; also to advise the School Dental Officers on the types of treatment they could carry out themselves.

The Chief Dental Officer attended a Conference of Chief Dental Officers, and the Chief Dental Officers of the Ministry of Education and Health. In the discussion groups that arose, the following points were raised:—

The Chief School Dental Officers expressed their concern at the insidious effect of the constant stream of advertisements on I.T.V. of the various brands of sweets and chocolates, especially one suggesting they could “eat it between meals,” usually at times when children could be expected to be viewing television. The proportion of such advertisements is very much higher than those for tooth-pastes and brushes.

The view was also expressed that while Head Teachers were co-operative in a greater or lesser degree, the attitude of some left much to be desired.

It would also appear that in seaside and holiday centres the difficulty of getting patients to attend during holiday periods was universal. “Hand picked” regular attenders were chosen as far as is possible.

## MEDICAL INSPECTION AND TREATMENTS

(Excluding Dental Inspection and Treatment)

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January 1964 ... 17,545

### PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

**Table A—Periodic Medical Inspections**

Age Groups Inspected (by year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding Dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other conditions	Total individual pupils
		No.	% of Col. (2)	No.	% of Col. (2)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1959 and later	109	108	99.9	1	0.09	1	4	5
1958	1,123	1,115	99.28	8	9.71	3	119	118
1957	417	404	96.88	13	3.11	3	59	58
1956	71	71	100.0	—	—	1	7	7
1955	29	29	100.0	—	—	3	4	7
1954	19	19	100.0	—	—	—	—	—
1953	268	268	100.0	—	—	5	12	15
1952	532	530	99.62	2	0.37	24	34	50
1951	505	504	99.8	1	0.19	25	21	37
1950	193	193	100.0	—	—	18	4	18
1949	340	338	99.4	2	0.58	14	9	21
1948 and earlier	1,330	1,329	99.92	1	0.17	60	16	66
TOTAL	4,936	4,908	99.43	28	0.56	157	289	402

**Table B—Other Inspections**

A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	...	...	339
Number of Re-inspections	...	...	...	1,362
				<hr/>
Total	...			1,701
				<hr/>



**Table C—Infestation with Vermin**

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	36,246
(b)	Total number of individual pupils found to be infested	...	...	...	...	229
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	..	...	...	Nil
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	Nil

**Table D—Screening Tests of Vision and Hearing**

1.	(a) Is the vision of entrants tested?	...	...	...	No
	(b) If so, how soon after entry is this done?	...	...	...	—
2.	If the vision of entrants is not tested, at what age is the first vision test carried out?	...	...	...	7+
3.	How frequently is vision testing repeated throughout a child's school life?	...	...	...	At 7+, 10+, 14+
4.	(a) Is colour vision testing undertaken?	...	...	...	No
	(b) If so, at what age?	...	...	...	—
	(c) Are both boys and girls tested?	...	...	...	—
5.	By whom is vision and colour testing carried out?	...	...	...	—
6.	(a) Is audiometric testing of entrants carried out?	...	...	...	No
	(b) If so, how soon after entry is this done?	...	...	...	—
7.	If the hearing of entrants is not tested, at what age is the first audiometric test carried out?	...	...	...	6+
8.	By whom is audiometric testing carried out?	...	...	...	Audiometrician

# PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

Table A.—Periodic Inspections

NOTE.—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)					PERIODIC INSPECTIONS			
						Entrants (3)	Leavers (4)	Others (5)	Total (6)
4	Skin ... ..	T	O			1	5	2	8
						6	6	16	28
5	Eyes (a) Vision ... ..	T	O			4	60	93	157
						9	188	154	351
		T	O			5	—	7	12
						16	16	13	45
		T	O			—	—	—	—
						—	—	3	3
6	Ears (a) Hearing ... ..	T	O			2	—	2	4
						15	4	26	45
		T	O			—	—	2	2
						29	1	30	60
		T	O			1	—	—	1
						9	—	11	20
7	Nose and Throat ... ..	T	O			38	2	60	100
						101	6	74	181
8	Speech ... ..	T	O			10	2	7	19
						19	2	8	29
9	Lymphatic Glands ... ..	T	O			1	—	1	2
						23	1	13	37
10	Heart ... ..	T	O			—	—	2	2
						6	2	10	18
11	Lungs ... ..	T	O			4	1	9	14
						30	7	40	77
12	Development (a) Hernia ... ..	T	O			—	—	—	—
						2	—	1	3
		T	O			—	—	3	3
						10	1	24	35
13	Orthopaedic (a) Posture ... ..	T	O			—	3	3	6
						5	5	17	27
		T	O			3	—	1	4
						25	1	35	61
		T	O			1	2	6	9
						15	11	42	68
14	Nervous System (a) Epilepsy ... ..	T	O			—	—	1	1
						2	2	3	7
		T	O			—	—	3	3
						—	—	12	12
15	Psychological (a) Development ... ..	T	O			1	—	3	4
						6	1	2	9
		T	O			53	1	28	82
						36	3	43	82
26	Abdomen ... ..	T	O			—	—	2	2
						7	2	15	24
17	Other ... ..	T	O			2	—	7	9
						7	3	27	37

**Table B.—Special Inspections**

Defect Code No. (1)	Defect or Disease (2)						SPECIAL INSPECTIONS	
							Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin...	...	...	...	...	...	1	—
5	Eyes	(a) Vision	...	...	...	...	2	—
		(b) Squint	...	...	...	...	—	—
		(c) Other	...	...	...	...	—	—
6	Ears	(a) Hearing	...	...	...	...	1	—
		(b) Otitis Media	...	...	...	...	—	—
		(c) Other	...	...	...	...	—	—
7	Nose and Throat	...	...	...	...	...	1	1
8	Speech	...	...	...	...	...	—	—
9	Lymphatic Glands	...	...	...	...	...	—	—
10	Heart	...	...	...	...	...	3	1
11	Lungs	...	...	...	...	...	19	1
12	Development	(a) Hernia	...	...	...	...	—	—
		(b) Other	...	...	...	...	—	—
13	Orthopaedic	(a) Posture	...	...	...	...	—	—
		(b) Feet	...	...	...	...	—	1
		(c) Other	...	...	...	...	19	—
14	Nervous System	(a) Epilepsy	...	...	...	...	2	—
		(b) Other	...	...	...	...	—	—
15	Psychological	(a) Development	...	...	...	...	146	—
		(b) Stability	...	...	...	...	15	—
16	Abdomen	...	...	...	...	...	—	1
17	Other	...	...	...	...	...	7	1



### PART III

#### TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

**Table A.—Eye Diseases, Defective Vision and Squint**

								<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint ..	..	..	..	..	..	..	..	275
Errors of refraction (including squint) .. .. .	..	..	..	..	..	..	..	929
								<hr/>
Total .. .. .	..	..	..	..	..	..	..	1,204
								<hr/>
Number of pupils for whom spectacles were prescribed .. .. .	..	..	..	..	..	..	..	453
								<hr/>

**Table B.—Diseases and Defects of Ear, Nose and Throat**

								<i>Number of cases known to have been dealt with</i>
Received operative treatment—								
(a) for diseases of the ear .. .. .	..	..	..	..	..	..	..	4
(b) for adenoids and chronic tonsillitis .. .. .	..	..	..	..	..	..	..	335
(c) for other nose and throat conditions .. .. .	..	..	..	..	..	..	..	119
Received other forms of treatment .. .. .	..	..	..	..	..	..	..	813
								<hr/>
Total .. .. .	..	..	..	..	..	..	..	1,271
								<hr/>

Total number of pupils in schools who are known to have been provided with hearing aids—

*(a) in 1963 .. .. .	..	..	..	..	..	..	..	2
(b) in previous years .. .. .	..	..	..	..	..	..	..	24

\* A pupil recorded under (a) above is not recorded at (b) in respect of the supply of a hearing aid in a previous year.

**Table C.—Orthopaedic and Postural Defects**

								<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patient departments ..	..	..	..	..	..	..	..	180
(b) Pupils treated at school for postural defects .. .. .	..	..	..	..	..	..	..	30
								<hr/>
Total .. .. .	..	..	..	..	..	..	..	210
								<hr/>

**Table D.—Diseases of the Skin**

(excluding uncleanness, for which see Table C of Part I)

								<i>Number of cases known to have been treated</i>
Ringworm—(a) Scalp .. .. .	..	..	..	..	..	..	..	—
(b) Body .. .. .	..	..	..	..	..	..	..	4
Scabies .. .. .	..	..	..	..	..	..	..	10
Impetigo .. .. .	..	..	..	..	..	..	..	33
Other skin diseases .. .. .	..	..	..	..	..	..	..	936
								<hr/>
Total .. .. .	..	..	..	..	..	..	..	983
								<hr/>

**Table E.—Child Guidance Treatment**

	<i>Number of cases known to have been dealt with</i>
Pupils treated at Child Guidance clinics .. .. .	319 (68 on regular therapy)

**Table F.—Speech Therapy**

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists .. .. .	227

**Table G.—Other Treatment Given**

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments .. .. .	829
(b) Pupils who received convalescent treatment under School Health Service arrangements .. .. .	12
(c) Pupils who received B.C.G. vaccination .. .. .	687
(d) Other than (a), (b) and (c) above, please specify—	
Medical .. .. .	594
Nervous System .. .. .	13
Development .. .. .	8
Psychological .. .. .	165
Physiotherapy .. .. .	316
Diphtheria Immunisation .. .. .	1,681
Total (a) to (d) ..	<u>4,305</u>

# PART IV

## DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR

### (a) Dental and Orthodontic Work

I	Number of pupils inspected by the Authority's Dental Officers—			
	(i) At periodic Inspections ..	14,688*		
	(ii) As Specials .. ..	763	Total (I)	15,451
II	Number found to require treatment ..			9,855
III	Number offered treatment .. ..			6,442
IV	Number actually treated .. ..			4,454

### (b) Dental Work (other than Orthodontics)

(Note.—Figures relating to orthodontics should not be included in Section (b))

I	Number of attendances made by pupils for treatment, excluding those recorded at (c)(i) below .. ..			9,149
II	Half-days devoted to—			
	(i) Periodic (School) Inspections ..	94		
	(ii) Treatment .. ..	1,725	Total (II)	1,819
III	(i) Permanent Teeth .. ..	7,043		
	(ii) Temporary Teeth .. ..	197	Total (III)	7,240
IV	Number of Teeth filled—			
	(i) Permanent Teeth .. ..	6,353		
	(ii) Temporary Teeth .. ..	197	Total (IV)	6,550
V	Extractions—			
	(i) Permanent Teeth .. ..	1,474		
	(ii) Temporary Teeth .. ..	4,667	Total (V)	6,141
VI	(i) Number of general anaesthetics given for extractions .. ..			2,524
	(ii) Number of half days devoted to the administration of general anaesthetics by—			
	(a) Dentists .. ..	492		
	(b) Medical Practitioners ..	—	Total (VI)	492
VII	Number of pupils supplied with artificial teeth .. ..			30
VIII	Other operations—			
	(i) Crowns .. ..	—		
	(ii) Inlays .. ..	—		
	(iii) Other treatment .. ..	—	Total (VIII)	1,486

### (c) Orthodontics

I	Number of attendances made by pupils for orthodontic treatment .. ..	1,192
II	Half days devoted to orthodontic treatment .. ..	202
III	Cases commenced during the year ..	99
IV	Cases brought forward from the previous year .. ..	228
V	Cases completed during the year ..	89
VI	Cases discontinued during the year ..	29
VII	Number of pupils treated by means of appliances .. ..	114
VIII	Number of removable appliances fitted ..	35
IX	Number of fixed appliances fitted ..	83
X	Cases referred to and treated by Hospital Orthodontists .. ..	—

\* Also inspected 520      Requiring treatment 298      Offered treatment 189



## ANNUAL REPORT OF THE ORGANISERS OF PHYSICAL EDUCATION FOR THE YEAR 1963

The Newsom Report dealing with the education of pupils aged 13-16, states that the essential needs in physical education for many older pupils could perhaps be summed up in the words variety, choice, better facilities, and links with adult organisations.

There is no doubt that most healthy young people enjoy being physically active. But much of the evidence of the Report is emphatic that conventional gymnastics and field games, valuable as these are for those with skill enough to perform well, are not a source of enjoyment or of self-esteem for all pupils.

The physical education syllabus, therefore, especially for older pupils in the secondary age range, must be a wide and comprehensive one. This variety is not always easy to contrive due to the limited time available for physical education in the school and the large number of staff required to formulate such a programme. These difficulties can be partly overcome by arranging a number of club activities and by working in close co-operation with specialist adult organisations who are only too pleased to accept young members. As a result out-door pursuits especially e.g. camping, dinghy sailing, canoeing, rock-climbing, fell-walking are rapidly increasing in popularity—all these activities, although challenging, do not require the high degree of co-ordinated skill typical of many sports and games, and along with swimming, are unequalled recreations which can be enjoyed for a life-time by everyone, young and old, the strong and the not-so-strong and as single or family activities.

The extension of the physical education programme calls also for increased facilities. If all children in our schools are to be taught to swim, the provision of extra swimming baths is essential. In larger schools, sports halls are desirable to cater for all the varied activities, several of which may be in progress at the same time. The provision of flood-lit all weather playing areas would help to solve the problem caused by grass playing fields being unfit for play at various times and their very limited availability for use during short winter days.

By continually attempting to widen, therefore, the physical education syllabus, an effort is being made to cater for individual differences, and to bridge the gap mentioned in both the Albemarle Report on Youth and the Wölfenden Report on Sport and the Community—the gap that occurs between school leaving and membership of adult organisations when many young people lose interest in physical recreation altogether.

It is felt that with the ever-increasing amount of time available for leisure, it is of the utmost importance that the youth of the country be taught and be given the opportunity of spending this time profitably, not only for their own good, but for the betterment of society as a whole.

### Primary Schools

Good progress continued to be made in the physical education syllabus of our primary schools, and a very high standard of teaching, and performance by pupils, has been reached in some schools. Most teachers are now conversant with, and able to make good use of the suggestions offered in the Ministry of Education's publications "Moving and Growing" and "Planning the Programme" issued for the guidance of the Primary School Teacher. Others returning to teaching after a considerable time, need a good deal of help from time to time. Educational Gymnastics, Country Dancing and Modern Education Dance are regular features of the P.E. programme in most schools.

### Junior Games

The choice of games and the amount of time devoted to games training, varied from school to school according to the facilities available. Association Football remains by far the most popular game for boys and netball the most

popular winter game for girls. Individual and group training practices, are regularly practised. A comprehensive programme of inter-school football fixtures out of normal school working hours is arranged. During the summer months, a fair amount of time is devoted to training in Athletic events, culminating in a keenly-contested Inter-schools meeting, at which a high standard of performance is shown. All Junior Schools now hold their own Sports Day, and the standard of athletics improves year by year. Softball, rounders, stoolball and rotational cricket are also played.

### **Secondary Schools (Girls)**

Physical Education in the Secondary Schools covers a wide range of subjects. This range is needfully broadening with the modern tendency in life of an increase in leisure time. It is essential that pupils should have every opportunity possible to develop sufficient skill in various activities to promote interest in some form of physical work, which they can and are willing to pursue at a later date. Interest will not be kindled without some degree of skill being acquired.

The policy in the Secondary Schools is that at the younger end of the secondary age range, the girls have a sound grounding in basic training of varied aspects of the work, to enable them to develop different skills so that they are capable of selecting for themselves the activities which they wish to pursue when older. As in all subjects this grounding can only be achieved by regular lessons. So many activities need individual skill development, that it is becoming more apparent that we need to increase our facilities, especially indoor ones, as lessons are all too frequently upset by lack of space. The schools are to be congratulated in achieving so many good results under comparatively difficult conditions.

At the older age range of the secondary schools, as wide a choice of physical subjects as possible is given to the girls to help them to enjoy their physical activities and thus to enable them to reach a reasonable standard in their pursuit.

### **Gymnastics**

Competitions and demonstrations of gymnastic work held in the schools show that the girls have maintained a good standard of work and that the training of their initiative and creative powers was exploited with pleasing results.

### **Dance**

Whereas National Country Dancing and Ballroom Dancing take place to some degree in most secondary schools, Modern Educational Dance is still unknown to many girls. It is hoped that in the near future more pupils will be participating in this branch of Physical Education.

### **Games**

Team work, ball handling and individual games are trained in the schools through the following subjects.

In winter through Netball, Hockey and indoor team games—major and minor. The latter being limited through general lack of facilities.

#### **a) Netball**

This is still a popular feature. Once again the Inter-Schools Netball League flourished. For the first time ever this season a one-day Netball Rally was held, at the end of the season, where much enthusiasm was shown between the schools taking part.

#### **b) Hockey**

This game is gradually gaining popularity amongst the Secondary Modern schools. Especially those with their own fields. The Grammar Schools continued to maintain a high standard of play throughout the schools. This season a tournament was held at St. George's School and it was pleasing to note that both Secondary Modern and Grammar Schools teams took part.



For both Hockey and Netball there are many skills needed for a reasonable standard of play to be reached. Credit is due to the staff that the girls acquire these skills, which is evident in those who achieve County Honours in Hockey and Town Honours in Netball. The Blackpool and District Netball Team being twice runners up in the inter-towns tournament this year.

Summer games demand much hard work and effort on the part of the teacher as so much of the coaching inevitably is individual.

### **(c) Rounders**

As in the past much enjoyment is witnessed from the games of rounders played in the schools.

### **(d) Tennis**

The tennis in the Grammar Schools continued to reach a good standard of play, but owing mainly to lack of facilities, the tennis in the Secondary Modern Schools leaves much to be desired. It is obvious that first class coaching over three-quarters of an hour per fortnight, which is the most that can be hoped for under the present conditions in most of the schools, is negligible to teach any girl to play tennis or even to give her the feeling of enjoyment for the game.

## **Athletics**

Athletics is now part of all school curriculums. Records continue to be broken. This was only achieved by much training and coaching, which is now a part of the ordinary school routine and has become an accepted part of the Physical Education in Secondary Schools.

Once again members of the Blackpool Girls' and Boys' Athletic Teams achieved honours in the County Sports. They were again winners of their sections in the Lancashire Schools' Athletic Association Championships.

### **Secondary Schools (Boys)**

A good standard of work in Educational Gymnastics has been achieved in those schools possessing a fully equipped gymnasium. The work is conditioned by the necessity of considering the needs of each individual, and the emphasis is therefore on the potential ability of each boy, developing daily at a different rate and in a different way from his fellows. The approach is therefore informal, having replaced regimentation, a conversational manner rather than the command being used. The pupils practise freely in their own time instead of in class unison, and in the latter part of the lesson, involving the use of large apparatus, the boys work in small groups. Abilities already developed are applied to the varying challenges created by the introduction of this large apparatus, when maximum opportunity is afforded for exploration, initiative and invention. Trampolines have now been provided at five schools and this exhilarating piece of apparatus is used extensively in group work as well as during club periods.

In those schools not yet in possession of a fully equipped gymnasium, the enthusiasm of the staff in exploiting to the full the wide range of activities in the P.E. programme, does much to alleviate the lack of facilities.

An inter-House Annual Gymnastics Competition is now held in a few schools.

## **Athletics**

A very high standard, not only of individual, but of general performance, was attained during the athletic season. Once again, the Blackpool Boys' Team and the Blackpool Girls' Team were successful in winning the championships in the Lancashire Schools' Championships. We had four representatives in the National Championships, Susan Mills gaining 1st place in the 80m. hurdles event and Peter Riley 2nd place in the pole vault. Both were subsequently chosen to represent England.



## **Secondary Games (Boys)**

### **(a) Association Football**

A high standard of play has, as always been reached in this most popular sport in the winter games syllabus. This is due largely, not only to correct group coaching techniques being used extensively, but also to the improved playing field facilities and the increased amount of time it is now consequently possible to devote to the actual game as distinct from the time taken in travelling to suitable playing fields. The Blackpool and District Secondary Schools' Football Association also play an important part in arranging a big programme of inter-school fixtures, and it is chiefly due to the large amount of match practice thus obtained and the building of a team over the whole secondary age range that the town team invariably reaches the advanced stages of the Lancashire Schools' and English Schools' Competitions. This year for the first time the team reached the semi-final of the English Schools' Competition being defeated by a very strong Bristol team. E. Curwen, the Blackpool Captain, represented England in all internationals of the season, and he is only the second Blackpool boy to be so honoured. He was also Captain of the England Team.

### **(b) Rugby Union Football**

As for the past year or so several schools play Rugby Football in addition to Soccer and it is felt that boys should be given the opportunity of playing both games. Very enjoyable seven-a-side competitions are arranged annually in conjunction with local clubs, and many inter-school fixtures have been played. The main winter game at the Grammar School is Rugby.

### **(c) Basketball**

This game is played in all boys' secondary schools and the standard of play continues to improve. Two boys play for the North representative side.

### **(d) Boxing**

Only two schools include boxing as a regular part of the physical education programme. At these schools, however, a high standard of coaching, control and refereeing is in evidence and very successful inter-house tournaments are arranged.

### **(e) Cricket**

Cricket, along with athletics, remains the major outdoor activity during the summer months as far as secondary schools are concerned. A high standard of play is achieved at two or three schools especially at the Grammar School, where a comprehensive list of inter-school fixtures is arranged for six teams.

### **(f) Tennis**

This game is increasing in popularity in boys' schools as well as girls' schools. Full use is made throughout the summer term of the numerous courts made available by the Parks Department and a good many inter-schools fixtures are arranged.

### **(g) Hockey**

Where facilities permit, there is room for this game in addition to Association Football and Rugby Football. The game is firmly established at two boys' schools, and a good standard of play in regular school fixtures has been attained.

## **CLUB ACTIVITIES AND OUT-OF-SCHOOL ACTIVITIES**

### **a) Archery**

Popular at one school.

### **b) Weight Training**

Practised as a club activity at one school.

### **c) Dinghy Sailing and Canoeing**

With magnificent help from the Parent/Teachers'/Friends' Association of one school, a sailing and canoeing club has now been in operation for 3 years. 3

Heron-Class sailing dinghies and 3 canoes have been purchased along with a trainer and all ancillary safety equipment. Strict rules regarding safety regulations are enforced, and regular sailing sessions are held, with the co-operation of the Parks Committee, on Stanley Park Lake. Several members of staff at the school concerned take an active part in the organisation of the Club's affairs and the Club is now firmly established and is a most popular and active one.

#### (d) Badminton

This game is also increasing in popularity, and several schools possess a Badminton Club.

#### (e) The Duke of Edinburgh's Award Scheme

During the year, three schools have continued to participate in the Scheme for Boys and Bronze and Silver Awards have been made to several boys. One boy, after leaving school, continued to prepare for the Gold Award which he eventually succeeded in gaining. The Award will be made to him by the Duke of Edinburgh at Buckingham Palace next July.

#### (f) Camping

The annual school camp is a regular feature in the life of many schools. Demand for tents continues to increase and the Authority now possesses at present 27 large tents, 48 small tents and 6 lightweight tents, all of which were in constant demand by Schools and Youth Organisations throughout the summer months.

#### Swimming

Swimming continued to play a major part in the Physical Education programme in all the Blackpool Schools. Much good has come from the teaching of swimming in the Junior Schools. They continue to ask for an increase in the number of swimming periods per week, which, unfortunately, is limited by the bath space available.

#### Attendances during the Year 1963

The total attendances at all three baths was 100,588 for the 12 months of 1963. This actually shows a drop from 1962 of approximately 5,000. This is due to the closing for repairs of the Lido Swimming Pool during the months of January, February and March.

In previous years, the attendance at this bath over these months has been over 10,000.

#### Summary of Attendances

						Classes	Pupils
Derby Baths	...	..	...	..	...	1,191	34,408
Cocker Street	...	...	...	...	...	1,742	41,833
Lido Swimming Pool	...	...	..	..	..	850	24,347
						<hr/> 3,783	<hr/> 100,688

#### Comparison of Attendances Over the Past Five Years

1959	1960	1961	1962	1963
119,775	104,369	105,213	105,896	100,688

Swimming Certificates awarded during the year amounted to 1,726. It is pleasing to note that more schools are encouraging pupils to take examinations of the Royal Life Saving Society and the Amateur Swimming Association.

#### Certificates Issued during the Year 1963

Schools—Girls	Learners	Elementary	Intermediate	Advanced	Totals
Baines Endowed J. ..	13	3	—	—	16
Bispham Endowed J.	6	9	—	—	15
Claremont J. ...	31	17	—	—	48
Claremont S. ...	25	14	9	4	52
Grange Park J. ...	37	12	3	—	52
Hawes Side J. ...	20	11	—	—	31

		Learners	Elementary	Intermediate	Advanced	Totals
Highfield S.	...	17	10	8	—	35
Holy Family J.	...	28	16	—	—	44
Layton J.	...	14	4	—	—	18
Norbreck J.	...	34	13	—	—	47
Our Lady J.	...	25	13	—	—	38
Palatine S.	...	47	29	30	4	110
Park	...	6	1	—	—	7
Revoe J.	...	36	15	—	—	51
Roseacre J.	...	40	5	—	—	45
Stanley	...	28	8	—	—	36
St. Columba's J.	...	27	7	—	—	34
St. George's S.	...	5	2	5	8	20
St. John's C.E. J.	...	11	5	—	—	16
St. John Vianney J.	...	29	8	—	—	37
St. Kentigern's J.	...	18	4	—	—	22
St. Nicholas' J.	...	6	4	—	—	10
St. Wilfrid's J.	...	17	4	—	—	21
Thames Road J.	...	20	9	—	—	29
Tyldesley S.	...	14	1	—	—	15
Waterloo J.	...	24	7	—	—	31
		578	231	55	16	880

#### Schools—Boys

		Learners	Elementary	Intermediate	Advanced	Totals
Arnold J.	...	17	15	—	—	32
Arnold S.	...	—	4	4	8	16
Baines End. J.	...	20	1	—	—	21
Bispham End. J.	...	6	3	—	—	9
Claremont J.	...	31	18	—	—	49
Grammar	...	—	7	10	3	20
Grange Park J.	...	32	11	1	—	44
Hawes Side J.	...	27	15	—	—	42
Holy Family J.	...	19	13	—	—	32
Layton J.	...	15	6	—	—	21
Norbreck J.	...	32	16	—	—	48
Our Lady J.	...	20	11	—	—	31
Palatine S.	...	24	17	8	8	57
Park	...	8	2	—	—	10
Revoe J.	...	32	22	—	—	54
Roseacre J.	...	39	18	—	—	57
Stanley J.	...	30	13	—	—	43
St. Columba's J.	...	22	16	—	—	38
St. George's S.	...	3	14	3	3	23
St. John's C.E. J.	...	21	5	—	—	26
St. John Vianney J.	...	29	11	—	—	40
St. Kentigern's J.	...	18	5	—	—	23
St. Nicholas' J.	...	5	3	—	—	8
St. Wilfrid's J.	...	12	5	—	—	17
Thames Road J.	...	21	11	—	—	32
Waterloo J.	...	44	9	—	—	53
		527	271	26	22	846

#### Winter Gardens Shield—Girls

Winners—St. John Vianney Primary School—74%.

#### Tower Shield—Boys

Winners—Our Lady of the Assumption and St. Cuthbert's R.C. School 87.5%.

These shields are awarded to Junior Schools with the highest percentage of 4th Year girls and boys, respectively, able to swim a distance of 25 yards.



## **Swimming Galas**

All Secondary Schools now hold their own or combined galas. There is much enthusiasm shown, by swimmers and spectators alike, at these galas which are mainly held at the Derby Baths. Keen competition was again witnessed in the combined schools' Gala, where a high standard of swimming was reached. Blackpool entered teams in the Lancashire School Galas and achieved good results.

## **Open Air School Swimming Class**

We are most grateful to Mr. Quinlan, the Manager of the Norbreck Hydro, for so readily granting the facilities of the swimming pool at the Hydro for the teaching of this special class of handicapped children, which has been held throughout the year.

## **Playing Fields**

The new playing fields for use by Highfield School and Roseacre Junior School have been in use during the past year, and have proved a great asset. Having been constructed on sandy soil, they are rarely out of use for long during periods of bad weather.

Work will shortly commence on the new Grammar School Playing Fields where it is planned to provide 8 winter games pitches, 2 cricket squares with watering points, 7 hard tennis courts, 6 Bituturf cricket practice wickets and a standard 4 laps to the mile grass running track with ancillary long jump, high jump and pole vault pits.

All school playing fields have been excellently maintained by the Parks Department and, as usual, a careful check has been kept on the amount of use permitted by outside organisations.

## **Further Training of Teachers**

During the year, the following teacher-training courses were held:—

1. The Twenty-fourth Annual Easter School of Physical Education was held during Easter week—841 students attending the 26 different courses organised. This was a record attendance for the School, which has become established as the largest ONE-WEEK COURSE of P.E. in the country.
2. A 2-session Course on Educational Gymnastics in the Junior School was attended by some 170 Junior School teachers at Grange Park School.
3. A 2-session swimming course for teachers, taken by Mr. J. A. Holmyard, A.S.A. National Technical Officer.
4. A 1-session course in Physical Education for Infant Teachers at Devonshire School.
5. Short Lecture/Demonstrations were given at various Junior Schools, dealing with physical education lessons and games lessons in the Junior School.
6. A 2-session course on Hockey Coaching, taken by Miss Potts, National Coach of the All England Women's Hockey Association.

## **Cavalcade of Sport**

The twelfth Annual Cavalcade of Sport was once again held at the Tower Circus in February with the usual matinee performance for schoolchildren. The programme consisted of the usual wide variety of items, all of which were well received by capacity audiences. It is felt that this presentation is an enjoyable way of showing some of the many and varied aspects of the work attempted in the field of physical education in our schools at the present time, as well as being the means of obtaining financial support for the many activities of the Blackpool Schools' Sports Council.

## **The Blackpool Schools' Sports Council**

The Council, to which all the constituent Sports Associations are affiliated, continued to play a very important part in all out-of-school sports activities. The Council by its various activities is mainly responsible for providing the financial means whereby all pupils of our Blackpool Schools are given the opportunity of competing in various sporting activities at County and National level, as well as arranging a great deal of inter-school sport.

## REPORTS OF THE CONSTITUENT ASSOCIATIONS, BLACKPOOL SCHOOLS' SPORTS COUNCIL

### Blackpool and District Secondary Schools' Netball Association

At the beginning of the season it was decided to play each school once only, drawing for home and away matches. This was partly due to the increased membership of the League—8 schools—partly because it was becoming difficult to leave school early for away matches. We were thus able to complete our fixtures, in spite of the weeks of severe weather in the New Year.

To compensate, in part, for the fewer numbers of matches, we held a Tournament on Saturday, March 30th, at St. George's, in which 9 schools took part. The presentation of the League Cup and Medals by Miss A. Brandrick, P.E.O., Blackpool, took place immediately after the Tournament.

#### Results of League Matches

1. Hodgson	...	38 points
2. Montgomery	...	32 points
3. Tyldesley	...	28 points
4. Highfield	...	26 points
5. St. George's	...	16 points
6. Claremont	...	14 points
7. Bailey	...	10 points
8. Thames Road	...	4 points

#### Results of Tournament

Semi-finalists	...	Montgomery, Tyldesley,
	...	Hodgson, St. George's.
Finalists	...	Montgomery v Hodgson.
Winners	...	Montgomery.

The Blackpool Netball Team is selected from the Secondary School Teams, and took part in a Knock-Out Competition, beating Leigh in the first round but losing to Kirkby in the second. The Team also took part in tournaments at Burnley, Blackpool, Blackburn and Little Hulton. The team was twice the runner-up, playing 15 games, winning 8 and losing 7.

### Blackpool and District Schools' Cricket Association—Season 1963

The composition of the Under 15 Cricket League was unchanged—again 8 schools took part and played each other once. This year's champions were Highfield, thus ending a seven-year run of success by Palatine School.

In the Under 13 section, Ansdell, Carr Hill, St. John Vianney and St. Joseph's Schools were welcomed. These brought the number of schools playing friendly matches in this age group to eleven—a very heartening development.

Another welcome improvement was the provision of a grass wicket at Fisher's Field and although this is not yet good enough for Under 15 games, it is hoped that it will not be long before it can be brought into full use. Now, only four schools have to use concrete wickets on public parks.

The Town Team had its most successful season for five years. The local division was won after a play-off against Preston and the team advanced to the Lancashire Semi-Final, which they lost to Leigh.

### Blackpool and District Secondary Schools' Athletic Association

**Activities: February 13th, 1963.** Town Cross Country Championship held at Thornton Cleveleys School. Championships for under 14, under 15 and under 17 age groups. Over 17, a race for individuals.

**February 23rd, 1963.** Lancashire County Cross Country Championships at Heaton Moor, Manchester, 3 teams were entered—Juniors 6th, Intermediate 4th, Senior 9th.

**July 9th, 1963. Town Sports—Stanley Park Oval.** Boys and Girls from 28 schools participated.

**June 29th, 1963. Lancashire County Championships at Wigan.** Both boys' and girls' teams won the Championship Shields in their respective sections.

2 Boys represented Lancashire in the All England Championship.



Triangular Athletic Match with Blackburn and Manchester at Blackburn on 5th July, 1963. Boys were 2nd—Girls were 1st.

6th July, 1963. Lancashire v Cheshire. Athletic match. Blackpool were represented by 4 boys and 8 girls.

### **Blackpool and District Secondary Schools' Football Association**

The League for the Season 1962/63 was abandoned and a system of friendly fixtures was introduced. This system has proved most successful. The winter of 1963 was particularly severe and had the league fixtures still been in operation, the commitments would have proved impossible to fulfil.

For honours the season has proved itself to be one of the best. The town provided the England Captain—who played in every representative game of the season—E. Curwen. In the Lancashire team we had three representatives from the town and a reserve—Curwen (Capt.), Strachan, and Rushton; Thompson was the reserve. As a team, Blackpool boys reached the semi-final of the English and the semi-final of the Lancashire cups. Indeed, a season for semi-finals. Montgomery School represented Blackpool in the Champion School of Lancashire and here again proved so successful as to reach the finals in the competition. It has been a particularly good season for Montgomery, who won four of the five Cups played for in the town itself. They won the "Swift Cup," the "Hanslip Cup," the "Blackpool Football Club Cup" and the "Parr Cup."

In the 1962-63 season the school boys of Blackpool were allowed to attend all schoolboy representative matches and Central League Matches played at Bloomfield Road on the production of their membership card. This system has been carried over to season 1963-64.

Financially, 1962-63 has proved to be one of the best seasons in the history of the Association—due mainly to Blackpool's success in the English and Lancashire Cups.

The officers for the season 1962-63 were:—

Chairman: Mr. H. T. Wynne; Vice-Chairman: Mr. D. O. Williams; Int. Secretary: F. P. Marrow; Press Secretary: F. Snelgrove; Ext. Secretary: A. Partington; Treasurer: V. Lett; Chief Ground Steward: R. Breeze; Auditors: R. Alker, D. O. Williams.

Selection Committee: U15—Coach N. Smith, V. Lett.

U13—Coach J. Moore, F. Snelgrove, R. Wood.

U14—Coach F. Snelgrove, E. Tomlinson.

### **Blackpool and District Secondary Schools' Football Association**

In my capacity as external secretary of the Blackpool and District Schools' Football Association, I deal with all matters concerning the Blackpool Boys' Town Team.

As early as 12+ the footballing potential is noted and the following year trials and further selection takes place. When the boys are 14+ the town team of that age begins extensive training. They meet once a week at St. George's School, using the gymnasium in the dark days and undergoing field practice when weather permits. The culmination of this training is when these 14 year-olds play in an area competition against Preston, Chorley and Walton-le-Dale for the George Ford Memorial Cup. A trophy, which incidentally, has been in our custody since its inception in 1958.

This early training enables us to go into the Lancashire Schools' Competition with a team of carefully selected and well coached Boys of considerable footballing skills. During this final year coaching continues in the Technical College Gymnasium one night per week and trials and practice games are held at every opportunity during term time and in the holidays.

This season we were unfortunate to be drawn against Liverpool in the 2nd Round of the Lancashire Cup Competition and although we held them to a draw at Blackpool we suffered defeat at Liverpool. We are, however, still in the Woodhead Cup Competition. This is a subsidiary Competition for those teams who are eliminated from the Major Competition in the first two rounds.

We were defeated in the 4th Round of the English Schools' Competition by Blackburn, having beaten Nelson and Colne and Ormskirk in the early rounds.



Two Blackpool and District boys have again represented our Association in the Lancashire County Team which played Yorkshire at Sheffield on the 30th December, losing 3-2. They were William Snasdell (Goalkeeper) of Bailey County Secondary School, Fleetwood, and Roger Kenyon (Centre-Half) of Montgomery Secondary School, Blackpool. Snasdell was also selected to attend an English Schools Coaching Course in August at Ferens Hall, Hull.

Twenty boys are registered with the English Schools' Football Association. They are from the following schools:—

- 6 from Baines Grammar School.
- 6 from Montgomery Secondary School.
- 2 from St. George's Secondary School.
- 1 from Highfield Secondary School.
- 1 from St. John Vianney Secondary School.
- 1 from Claremont Secondary School.
- 2 from Bailey County Secondary School.
- 1 from Carr Hill County Secondary School.

Our grateful thanks go out to Messrs. F. Snelgrove, J. Moore and N. F. Smith for their untiring efforts and enthusiasm and sacrifice of their leisure time in the management of their respective teams.

Our Association is also well served by its Chairman, Mr. Harry T. Wynne, who is also a Council Member of the Lancashire Schools' F.A., and the Vice-Chairman, Mr. David Williams and its Treasurer, Mr. V. A. Lett.

### **Blackpool Junior School Sports Association**

The main events of the year were the heats and finals of the Town Sports, when all 22 Junior Schools competed. The events included sprinting, jumping, throwing, relay-racing, and agility in the obstacle. Over 600 children took part in the heats, but once again, bad weather ruined the Finals Day, so that the events were eventually run off without spectators, and without the Country Dancing in which all schools participate.

The events are carefully graded to match the child's ability, and this year, an abundance of volunteer officials ensured the most adequate supervision.

Some schools have been arranging friendly athletics contests, combined with netball and cricket games and it is to be hoped that the idea will spread in those schools with suitable grounds.

The main value of our athletics programme lies in the coaching and opportunities for practice given before the Town Sports proper, much of it in out-of-school time. The worth of the Junior Schools' programme is surely shown in the achievements of the Seniors in Inter-Town Competitions.

My Committee is particularly grateful to the P.E. Organisers, Mr. Broughton and Miss Brandrick for their friendly and ever-ready help.

### **Blackpool and District Schools' Basketball Association**

The most notable feature of the last year was the introduction of an U14 league in addition to the U15. It was felt that this move would eventually lead to a higher standard of Basketball at U15 level and thereby strengthen the Blackpool Town Team in preparation for the National Championships.

In the U15 league the Annual Inter-schools Tournament—Montgomery ran out champions. This season Montgomery lead the table but are chased by newcomers Ansdell who have quickly settled into the League.

In the National Championships we had the misfortune to be drawn against Liverpool in Round 1 and went down 80-45 to a superb Merseyside team.

### **Primary Schools' Football Association**

In Primary Schools' Football three Leagues are in operation during the present season. These inter-school matches cover twenty-two schools and thus over 240 boys are engaged in competitive football each Saturday morning. During practices at least 560 boys take part in after school football when they are taught the various skills and tactics of the game.

The three leagues are made up as follows:—

South League; North League; Reserve League.

In addition to the league matches there is an annual knock-out competition. The league winners, cup winners and runners-up are presented with trophies and medals and the matches are controlled by officials from the Blackpool Referees Association.

### **Blackpool Schools' Swimming Association**

The Association has successfully completed another year of activities which commenced in March with the presentation of the Cavalcade of Sport at the Tower Circus—the annual opportunity for the public to see a combined effort of physical activities from the youngest to the oldest of our school population.

Swimming was included this year to add to the variety of the programme but it proves an expensive item to present.

During the Summer and Autumn months the Lancashire Schools' Championships were held and Blackpool swimmers acquitted themselves well in all the three age-group galas.

Seven of them, 4 boys and 3 girls, were selected to swim in the Lancashire team against Cheshire and against Yorkshire.

Following these matches, two of the boys were chosen to swim for Division I (Lancashire, Cheshire and Cumberland) in the English Schools' Championships at Bournemouth. They were A. Wood and B. Sykes, the latter gaining 6th place in the final of the Senior Backstroke.

Seven galas were attended by Blackpool swimmers and the officials.

The Senior Championships of the Lancashire Association were staged at Blackpool at the Lido Baths in September.

The final event of the season was the Annual Inter-Schools' Gala on October 30th, at Derby Baths where the cream of Blackpool swimmers, about 150 of them, competed in a two-hour programme of 36 events, encouraged by an enthusiastic audience of 1,700 secondary children and parents and guests, headed by the Mayor and Mayoress, Alderman and Mrs. J. H. Smythe.

The champion boys' school this year is Palatine, worthy winners 21 points ahead of their nearest rivals, the Grammar School.

In first place in the girls' championship was Claremont closely followed by St. Catherine's—the result of the final race deciding the positions.

In this excellent gala nine records were broken.

The thanks of the Association go to all who have helped in the activities of the year.

### **Conclusion**

In conclusion, the Organisers of Physical Education wish to tender their sincere thanks and appreciation to all members of the Education Committee, the Parks Committee, the Baths Committee, the Tower and Winter Gardens Company, the Deputy Principal Medical Officer of Health, Her Majesty's Inspector of Physical Education (Miss R. N. Dewey and Mr. E. E. Barnard), the Directors of Blackpool Football Club, the Committee of the Fylde and of the Thornton Cleveleys Rugby Union Football Clubs, the Blackpool and Fylde Fencing Club, the Keidokwai Judo Club, the Blackpool Basketball Club, the Officials of the Blackpool Keidokwai Judo Club, the Blackpool Basketball Club, the Officials of the Blackpool Swimming Club, the Directors of Blackpool Cricket Club, and the Parents' Teacher/Friends' Associations who help, often very considerably, with the provision of facilities which would otherwise not be available to the pupils of our schools.

The Organisers also wish to record their appreciation of all the help given to the Chief Education Officer and his Staff, the Head Teachers and Assistant Teachers of the Local Education Authority, without whose help and enthusiasm no lasting success could be achieved.

Miss A. H. BRANDRICK  
N. W. BROUGHTON.



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